

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charlotte Adams

CERTIFICATE OF DEATH

Died at

Town

County

Malcolm

Charles

MARYLAND

Date  
of death 190

Month

Day

Years

Months

Days

2

11

28

7

12

Sex

Female

Color or  
Race

Coloured

Birth-  
place

Occupation

Housemaid

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Frank Adams

Father's  
Birthplace

Md

Mother's  
Maiden Name

Harriet Chapman

Mother's  
Birthplace

Md

Name of person giving  
Information

Frank Adams

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

29

✓

How long

14 mos.

Immediate

Exhaustion

How long

2 days.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

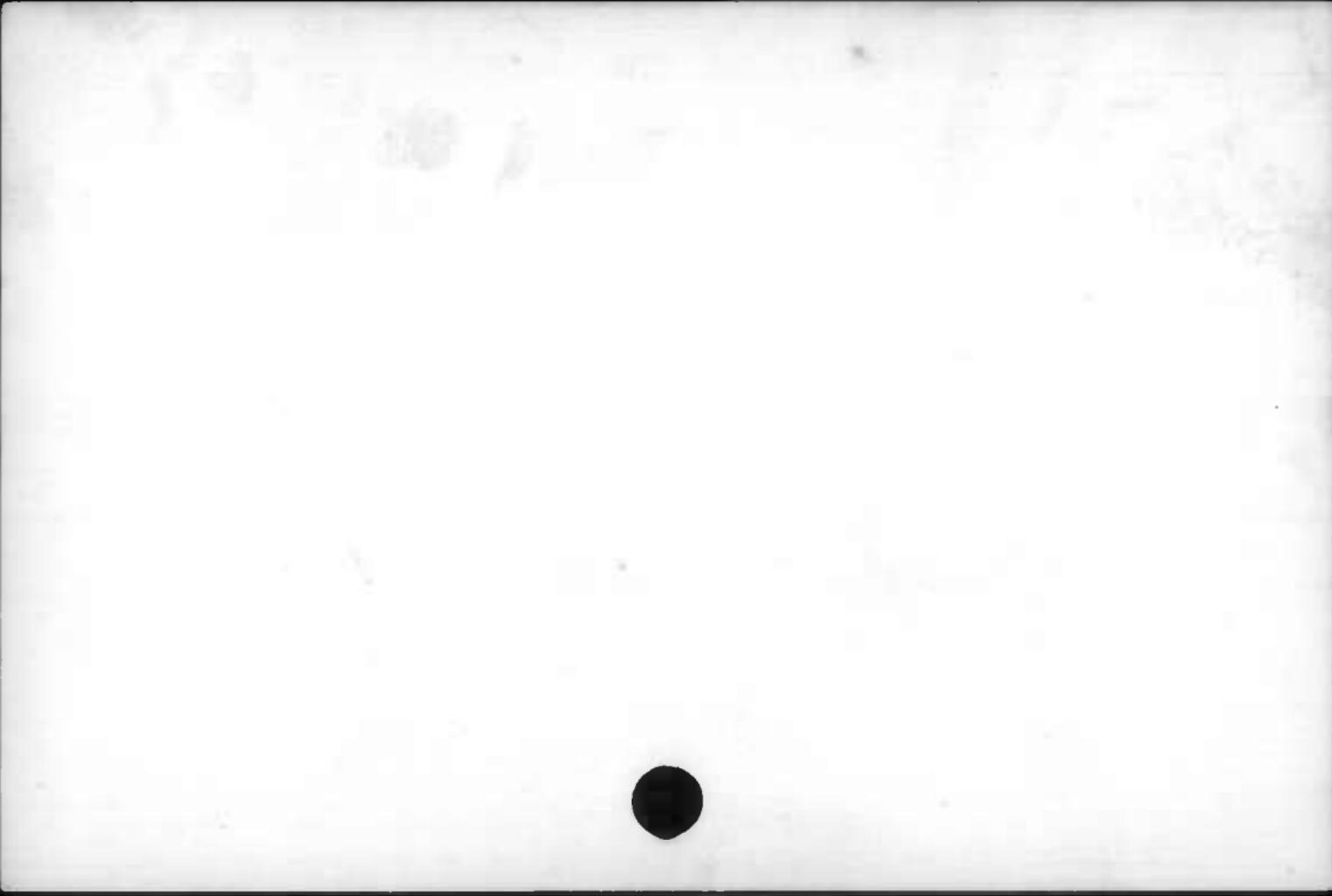
11 Morton Street

Agawam

Md

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Harriet Wood. Blunt

Town

County

Died at Faulkner

Charles

CERTIFICATE OF DEATH

MARYLAND

Date  
of death 1960

Month

Day

Years

Months

Days

Feb.

15

Age

2

13

Sex

Female

Color or  
Race

Caucasian

Birth-  
place

Charles Co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Harriet Blunt

Father's  
Birthplace

Washington D.C.

Mother's  
Maiden Name

Edith M. Matthews

Mother's  
Birthplace

Charles Co

Name of person giving  
Information

Harriet Blunt

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

91

How long

V

Immediate

Heart Failure

4 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

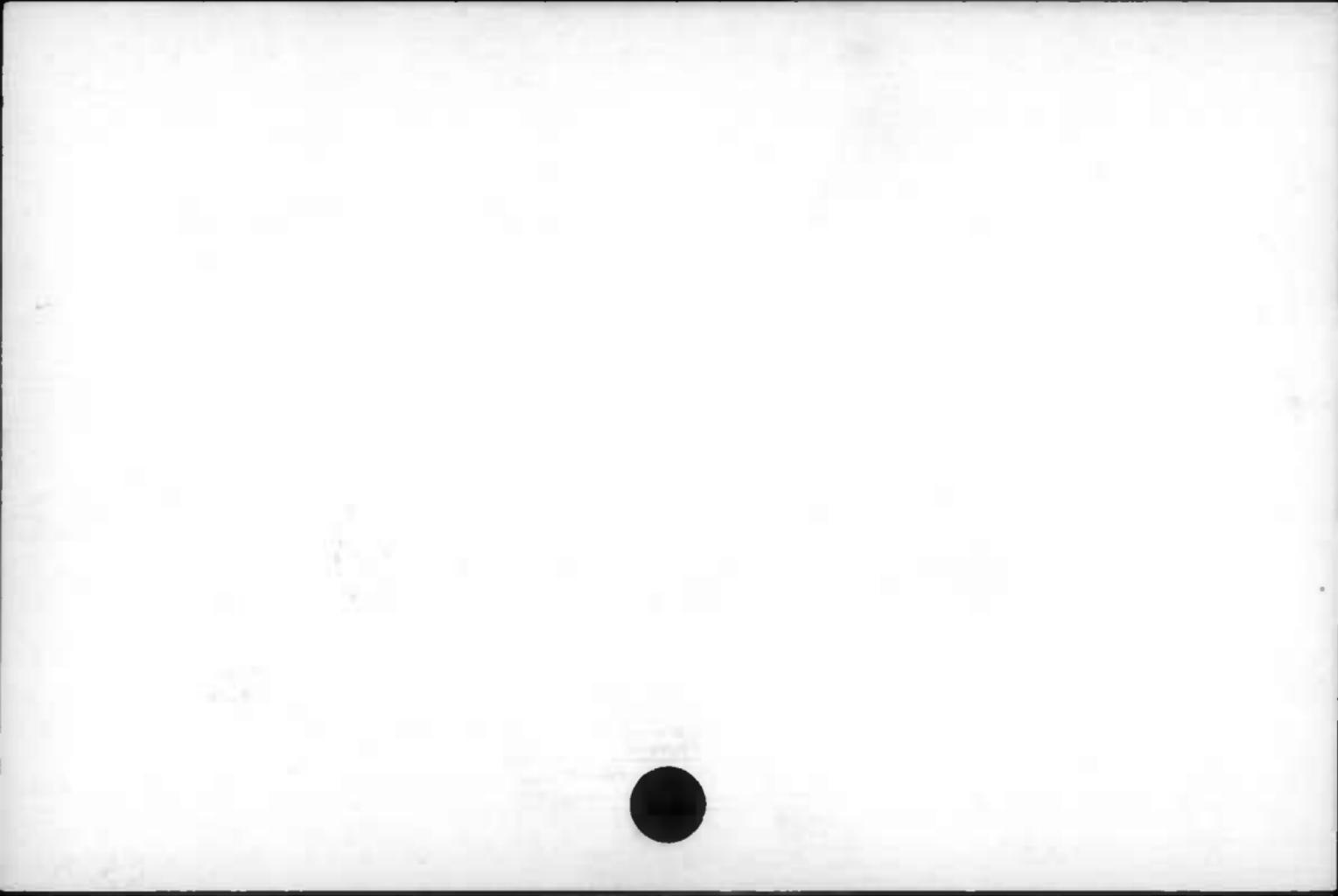
Signature of  
Physician

Address

3 hours

Effinger  
Bel Cella  
Md

Accident or Suicide



Name  
in  
Full

Leahie Bowes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town Died at		County char		MARYLAND		
Date of death 1916	Month 2	Day 7	Age	Years	Months	Days 5 min
Sex Female	Color or Race	White		Birth- place		char 6 <sup>th</sup> m d
Occupation none	Where Residing if not at place of death			.. ..		
Married, Single or Widowed Single	Name of Wife or Husband		name			char 6 <sup>th</sup> m d
Father's Name Nat Bowes	Father's Birthplace			.. ..		
Mother's Maiden Name Hannah Hendee	Mother's Birthplace			.. ..		
Name of person giving Information Nat Bowes	How related to deceased			Father		
CAUSES OF DEATH						
Primary Just alive when born	How long 8 months			189		
Immediate Cause of death unknown						

Are the name, age, sex, color, date  
and place correctly given above ?

Yes

Signature of  
Physician

none

Address

W. F. Brawner Sub-R  
Grayton Md

Accident or Suicide

W. F. Brown  
2nd Reg.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ellender Jane Bradshaw  
Town Nanjemoy County Charles

CERTIFICATE OF DEATH

MARYLAND

Died at Nanjemoy Month Day  
Date of death 1900 Feb 7 Age 83 Months Days

Sex Female

Color or Race

White

Birth-place

md

Occupation

Farming

Where Residing If not  
at place of death

Married, Single  
or Widowed

widow

Name of Wife or  
Husband

Orilton Bradshaw (Widow)

Father's  
Name

William Rye

Father's  
Birthplace

md

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

son in law

Name of person giving  
Information

James Hauseck

How related  
to deceased

son in law

CAUSES OF DEATH

Primary

Senile debility

120

How long

Immediate

Nephritis

How long

three weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

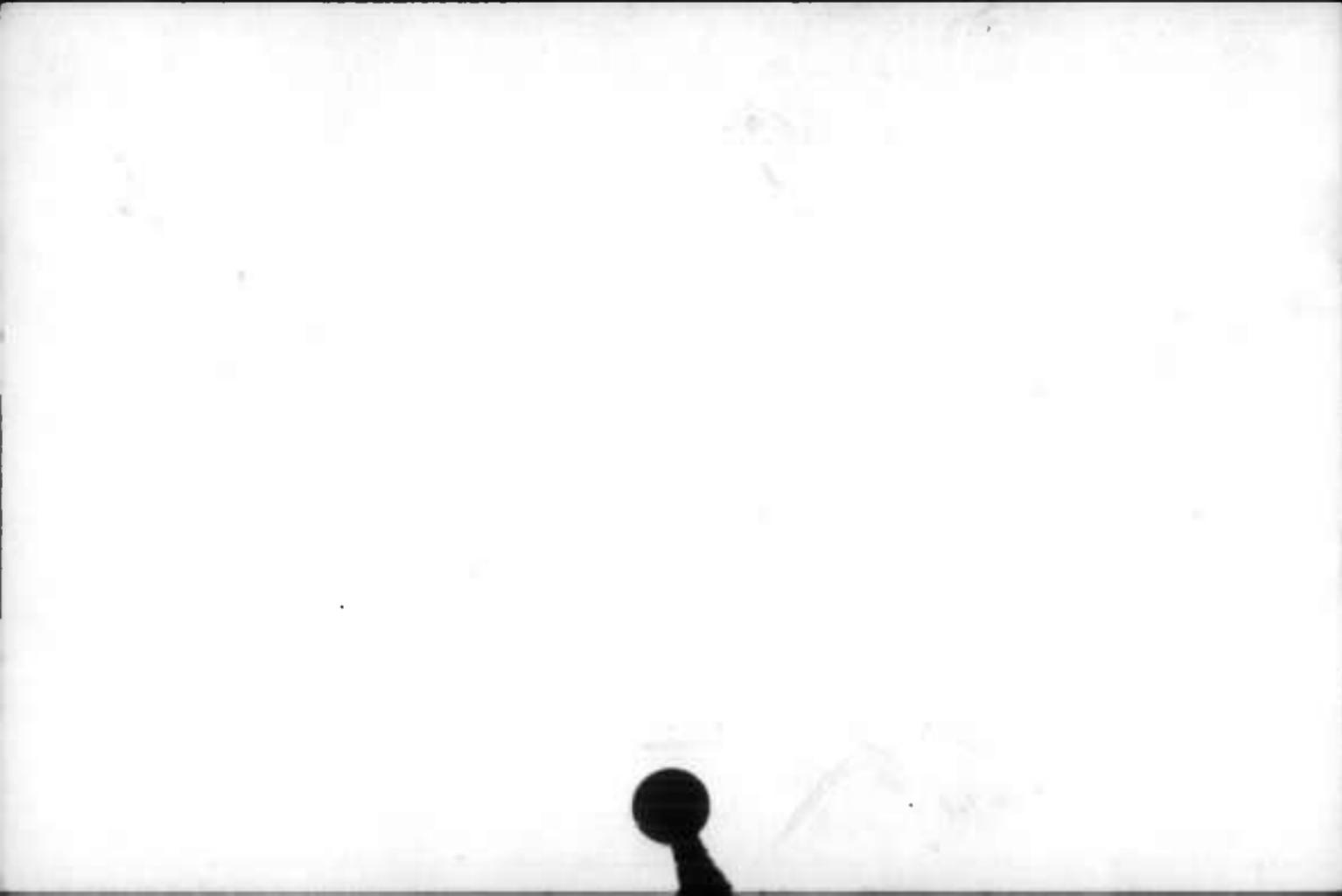
Signature of  
Physician

Address

Say. Dr. S. Peake  
Grayton md.

Filed 1910

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Elizabeth Dent -  
Died at Town: Elmontsville  
County: Charles

CERTIFICATE OF DEATH

MARYLAND

26

Date of death 1960 Month: Feb Day: 15 Age: 66 Months: — Days: —

Sex: Female Color or Race: White

Birth-place: Md

Occupation: Housewife

Where Residing if not  
at place of death

Married, Single or Widowed: Widow Name of Wife or Husband: Clinton H. Dent

Father's Name: Thomas Posey

Father's Birthplace: Md

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Thomas. D. Dent

How related to deceased: Son

159 ✓

CAUSES OF DEATH

Primary

How long

Pistol shot in right temple

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Higdon,  
Kaufside

PHYSICIAN  
OR CORONER

Accident or Suicide

Suicide



Name  
in  
Full

Marry Dunbar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at		County		MARYLAND	
Date of death 1900	Month 2	Day 9	Years Age 9	Month 12	Days 11 <sup>th</sup>
Sex Male	Color or Race	Colored		Birth- place	Ches. 6 <sup>th</sup> 1900
Occupation None	Where Residing if not at place of death			" "	
Married, Single or Widowed Single	Name of Wife or Husband	None		Father's Birthplace	Ches. 6 <sup>th</sup> 1900
Father's Name Edward Dunbar	None			Mother's Birthplace	" "
Mother's Maiden Name Eddy Johnson	None			How related to deceased	Brother
Name of person giving Information Eddy Dunbar	None				

CAUSES OF DEATH

Primary

Lung trouble

98

How long

4 m<sup>o</sup>

Immediate

Hemorrhage

How long

8 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Yes

Address

None attending

W.F. Brauer

Del Ray

PHYSICIAN  
OR CORONER

Accident or Suicide

104 Brauner  
Dir Ray



Name  
in  
Full

Edward Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Died at	Port Tobacco	Charles				
Date of death	1970	Month 2	Day 24	Age	Years 68.	Months
Sex	M.	Color or Race	C	Birth-place	md.	Days
Occupation	Farmer		Where Residing if not at place of death	—		
Married, Single or Widowed	Name of Wife or Husband		Mary Frazier	Father's Birthplace	Louisiana	
Father's Name	Bozil Frazier		Mother's Birthplace	Md.		
Mother's Maiden Name	Clara Doreen		How related to deceased	Daughter		
Name of person giving information	Kate Frazier					

CAUSES OF DEATH

94

Primary: Parcrosis, Choleraic 8 Years

Immediate: Oedema of Lungs, Heart Failure 4 Weeks

How long

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

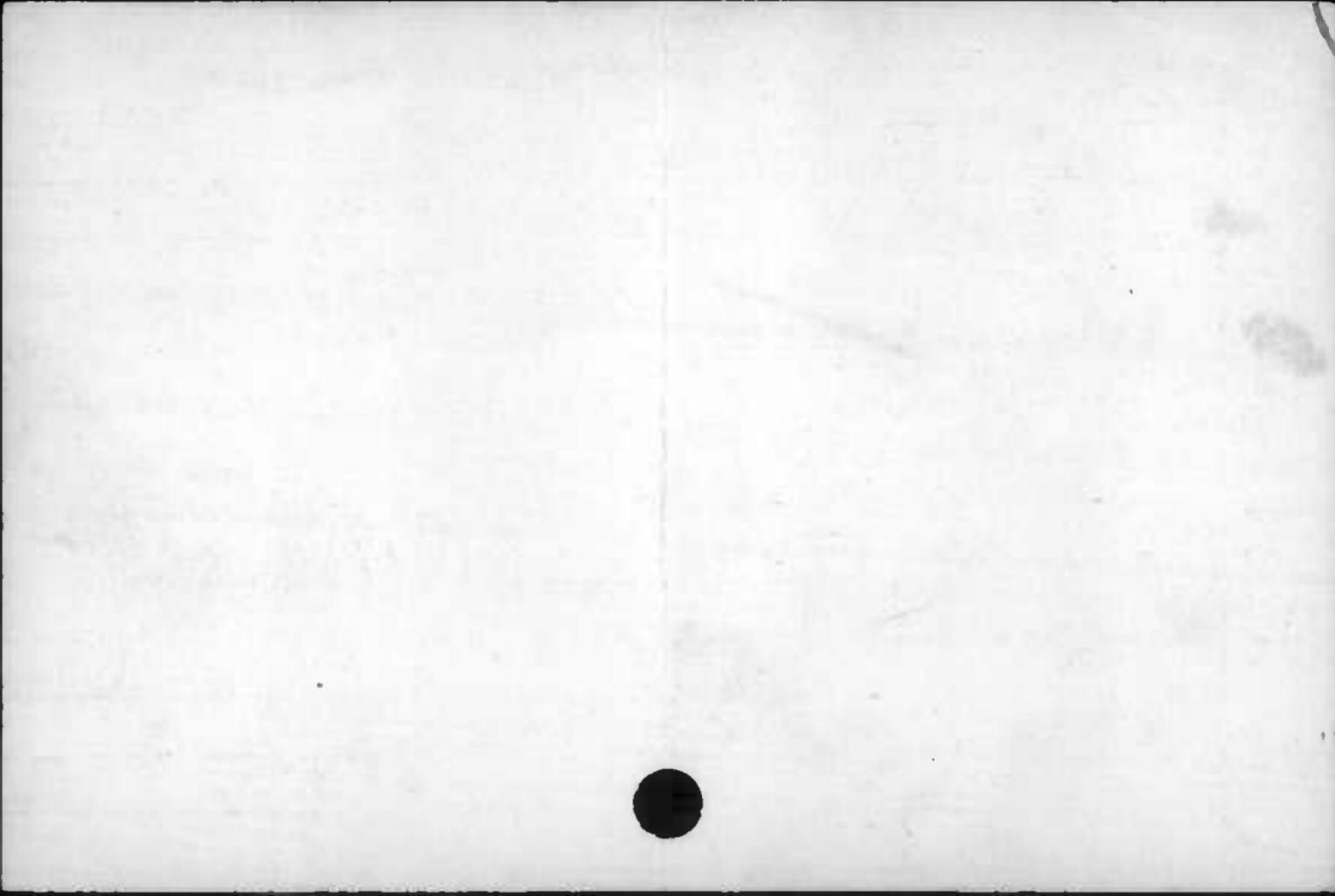
Address

Paul L. Jemison

La. Plata

md.

Accident or Suicide?



Name  
in  
Full

Mary S. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

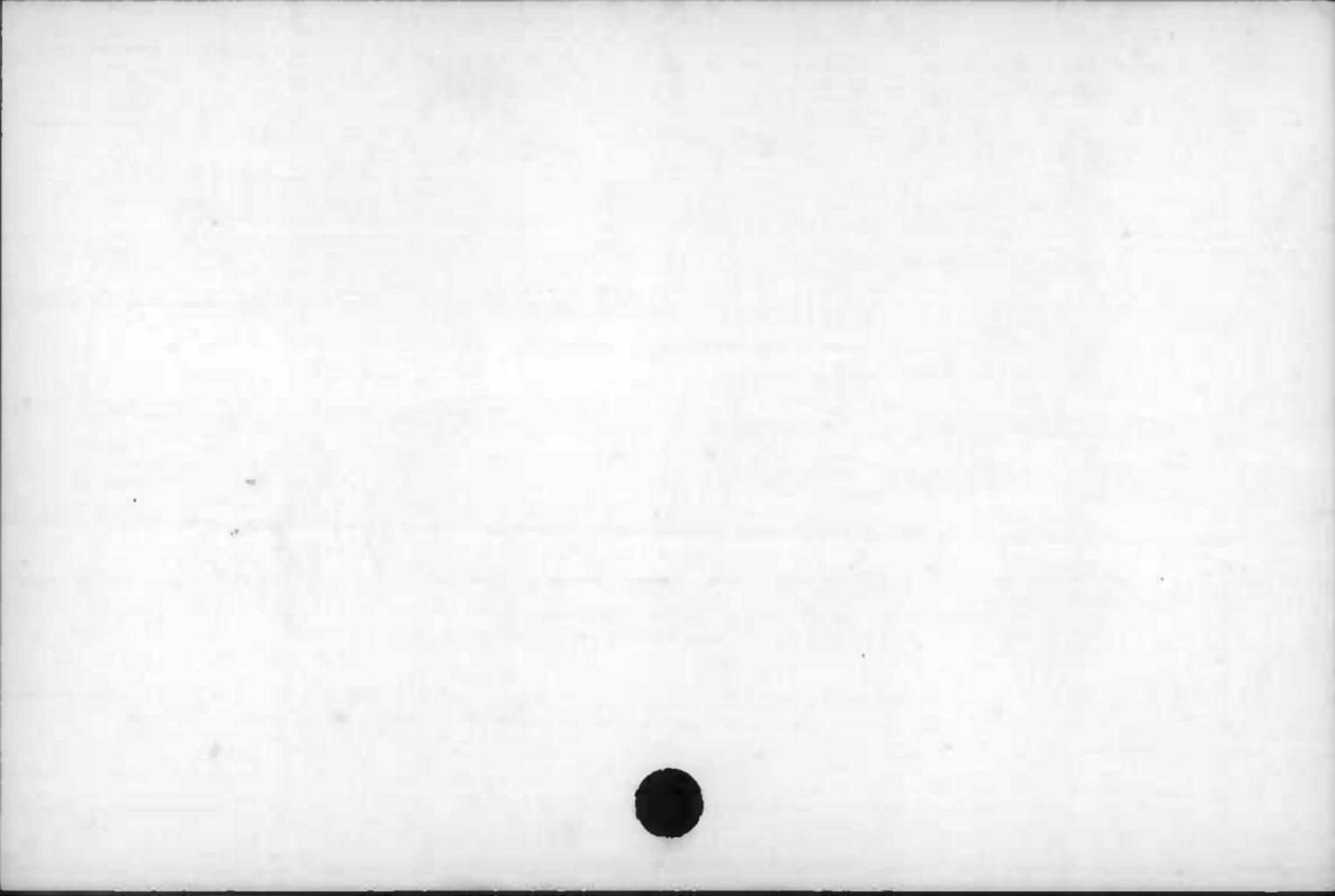
Died at <u>La Plata</u>		Town	County <u>Charles</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>Feb.</u>	Day <u>20</u>	Years <u>57</u>	Age <u>57</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Charles Co</u>				
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Robert S. Garner</u>	Father's Birthplace <u>Charles Co</u>					
Mother's Maiden Name <u>Minnie E Padgett</u>	Mother's Birthplace <u>Charles Co</u>					
Name of person giving Information <u>Minnie E Padgett</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <u>BronchoPneumonia</u>	How long <u>6 days</u>
Immediate <u>Cardiac respiratory failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Theos. S. Brown, M.D.</u>
	Address <u>La Plata</u>
Accident or Suicide? <u>no</u>	<u>Med.</u>



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Cecil Goedring

CERTIFICATE OF DEATH

MARYLAND

Died at Dennisville

Town

County

Charles

Died at

Month

Day

Years

Date  
of death

1950 Feb 15

Age 10

Months

Days

Sex

Female

Color or  
Race

Birth-  
place

Md

Occupation

Child

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Rev. Goedring

Father's  
Birthplace

Md

Mother's  
Maiden Name

Elean Cape

Mother's  
Birthplace

Md

Name of person giving  
Information

Rev. Goedring

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Rheumatism

Immediate

Rheumatic Endocarditis

47

✓

2 months

Are the name, age, sex, color, date  
and place correctly given above?

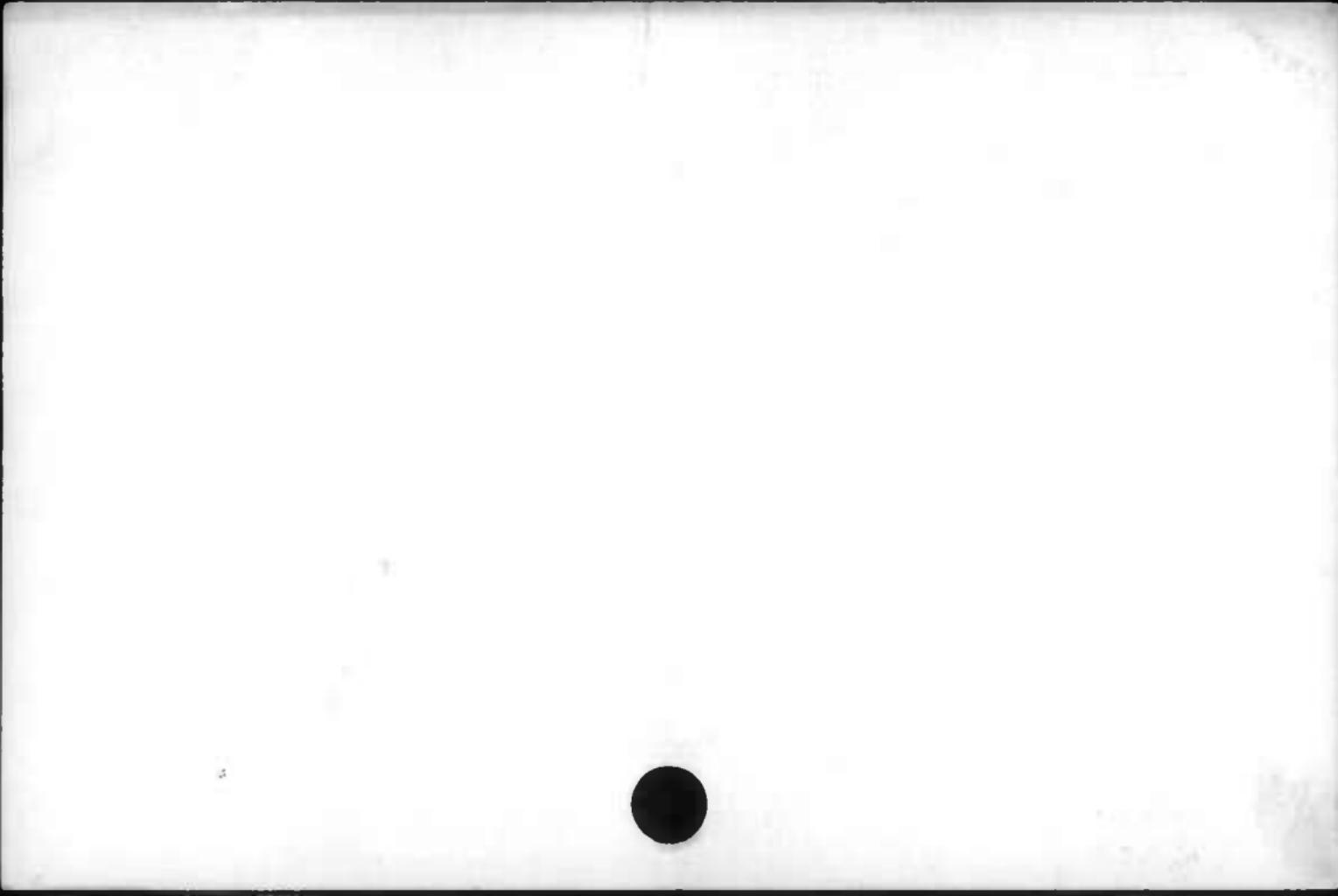
Y

Signature of  
Physician

Address

L.C. Gaines M.D.  
Byron L. Gaines  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaux L. Goldsmith

Town

Died at

Elkridge

County

Carroll

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1900

Month

July

Day

28

Years

12

Months

11

Days

-

Sex

Female

Color or  
Race

white

Birth-  
place

mes

Occupation

wom

Where Residing if not  
at place of death

at home

Married, Single  
or Widowed

single

Name of Wife or  
Husband

-

Father's  
Name

Joshua Goldsmith

Father's  
Birthplace

mes

Mother's  
Maiden Name

Margaux Storck

Mother's  
Birthplace

mes

Name of person giving  
Information

Thomas Goldsmith

How related  
to deceased

brother

CAUSES OF DEATH

Primary

ly. p. trid. dura

1

How long

10 weeks

Immediate

ly. p. trid. dura. & pneumonia

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

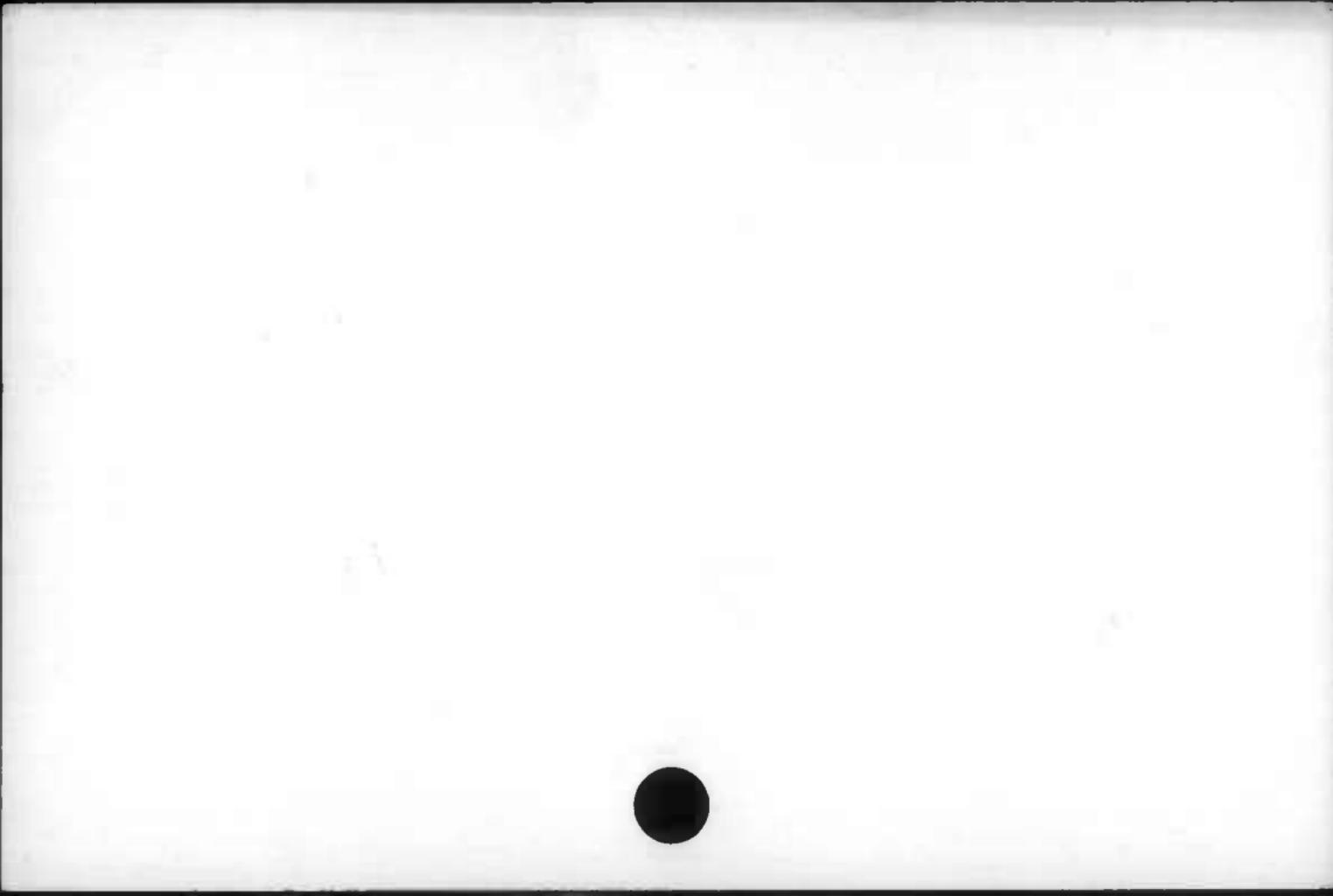
Signature of  
Physician

Address

G. O. Morris  
Walwyn

Accident or Suicide

no



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

May Franklin Gales

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Dear Waldorf</u>		Town <u>Chadds</u> County		MARYLAND	
Date of death <u>1960</u>	Month <u>Feb</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>	Months <u>3</u> Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dul</u>			

Occupation <u>—</u>	Where Residing If not at place of death <u>—</u>
---------------------	--

Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>
-------------------------------------	----------------------------------

Father's Name <u>B. F. Gales</u>	Father's Birthplace <u>Dul</u>
----------------------------------	--------------------------------

Mother's Maiden Name <u>Lillian Wedding</u>	Mother's Birthplace <u>Dul</u>
---	--------------------------------

Name of person giving information <u>B. F. Gales</u>	How related to deceased <u>Father</u>
--	---------------------------------------

CAUSES OF DEATH

Primary <u>Malabsorption</u>	How long <u>189</u> V
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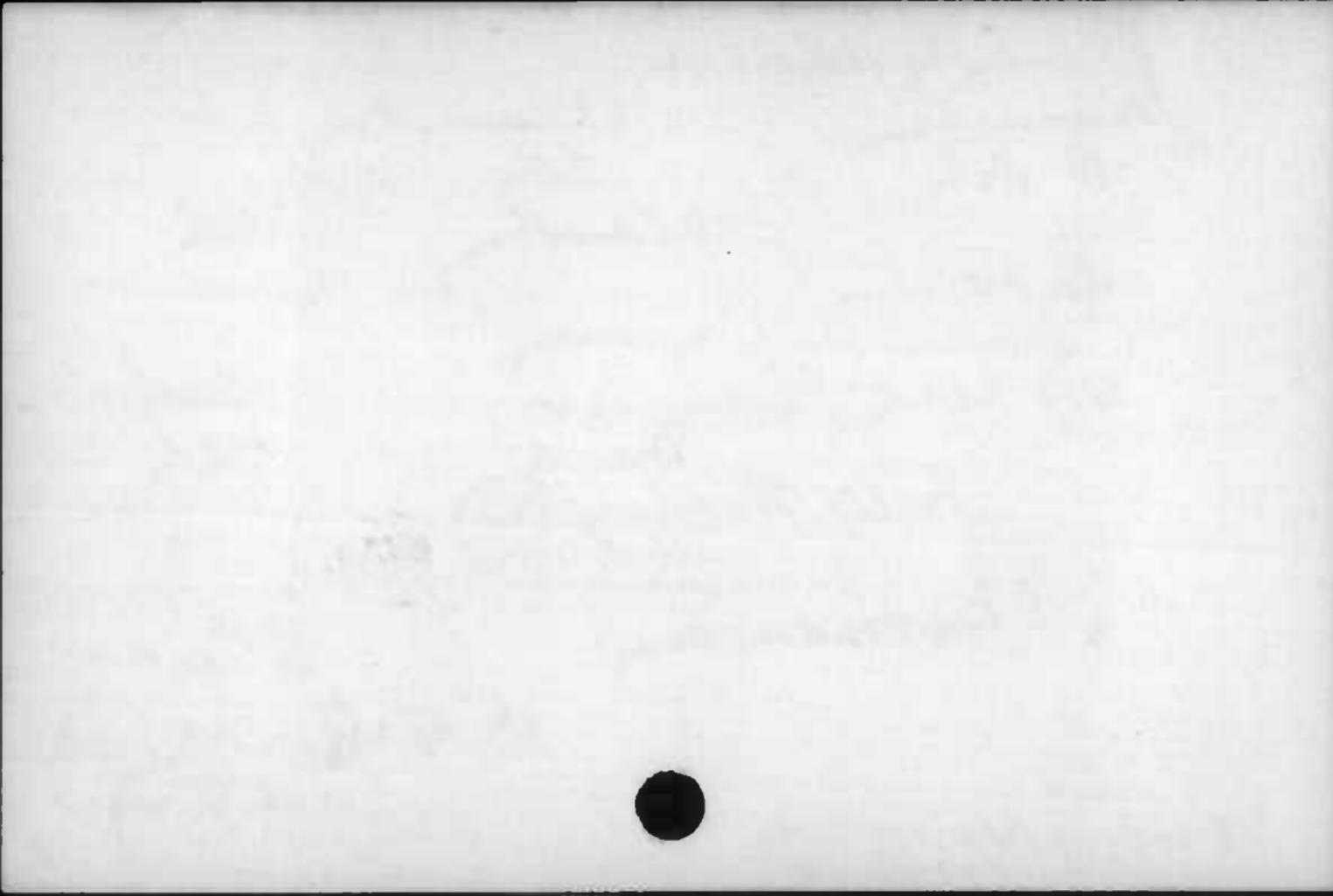
Immediate <u>..</u>	How long <u>Liflime</u> ..
---------------------	----------------------------

Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician
---	------------------------

Address

M. O. Monders  
Waldorf  
Md.

Accident or Suicide? No



Name  
in  
Full

Joe Hansen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Revereide

Town

County

MARYLAND

Died

Month

Chadwick

Months

Date

of death

1960

Year

Day

Years

8

Age

20

Days

—

—

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Labourer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Thomas Hansen

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Emily Ward

Mother's  
Birthplace

Md

Name of person giving  
Information

Willie Washington

How related  
to deceased

none

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Monday after  
the killing  
to his home

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

S. H. Speake MD

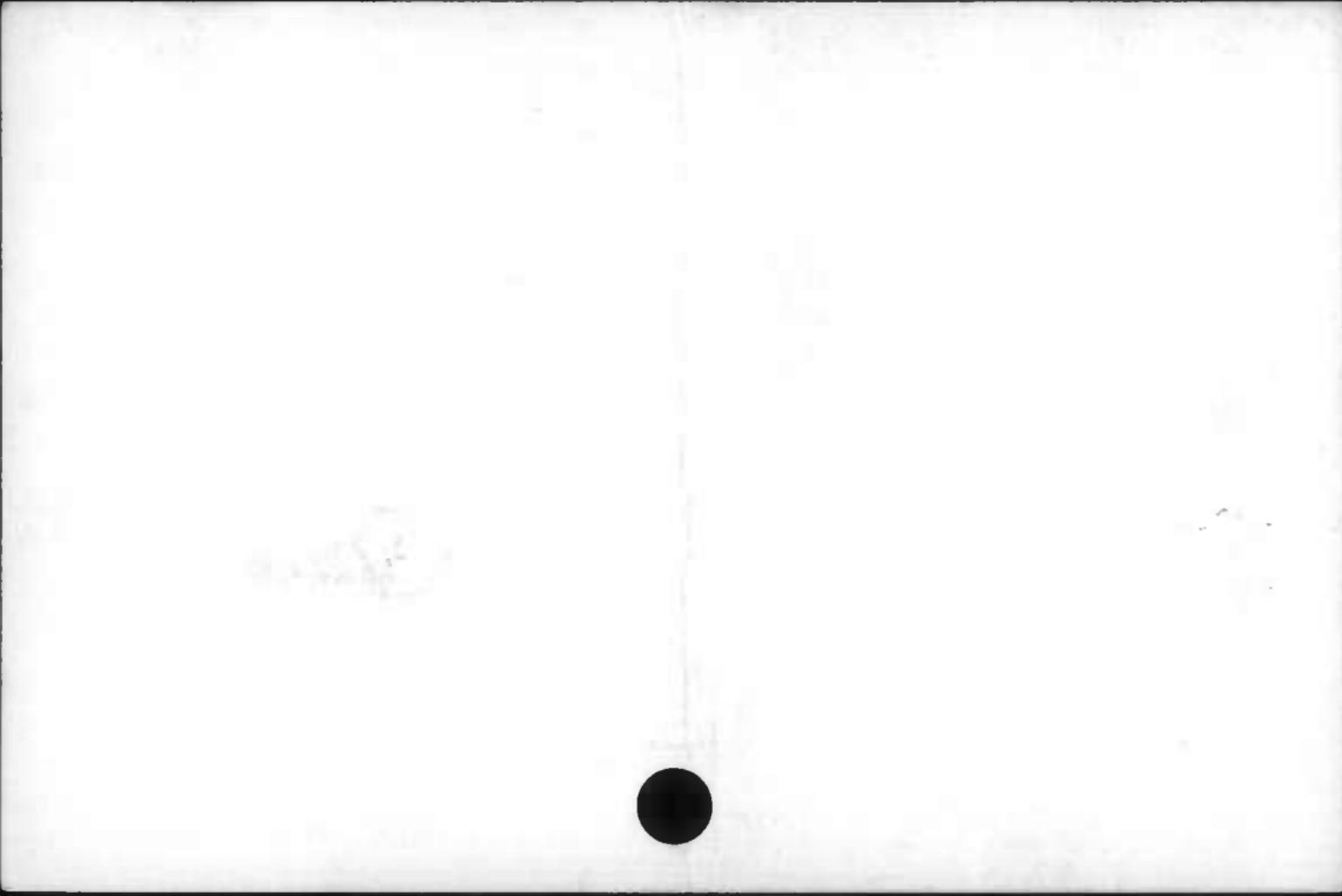
Address

Surf on Grayton and  
Oke from

FB. This case was  
Marcus Hook Pa.  
after reaching home

and died the next day

Accident or homicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Rebecca Harper

Gallant Green

Charles

Date of death

Month

Day

Years

Months

Days

190

2

20

Age

43

6

4

Sex

Color or  
Race

Female Colored

Birth-  
place

Md

Occupation

Wash woman

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

widow Thos. Harper

Father's  
Name

James Mackall

Father's  
Birthplace

Md

Mother's  
Maiden Name

Matilda Mackall

Mother's  
Birthplace

Md

Name of person giving  
Information

Herbert Harper

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Tuberculosis

29

✓

How long

3 yrs.

Immediate

Heart failure

One day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

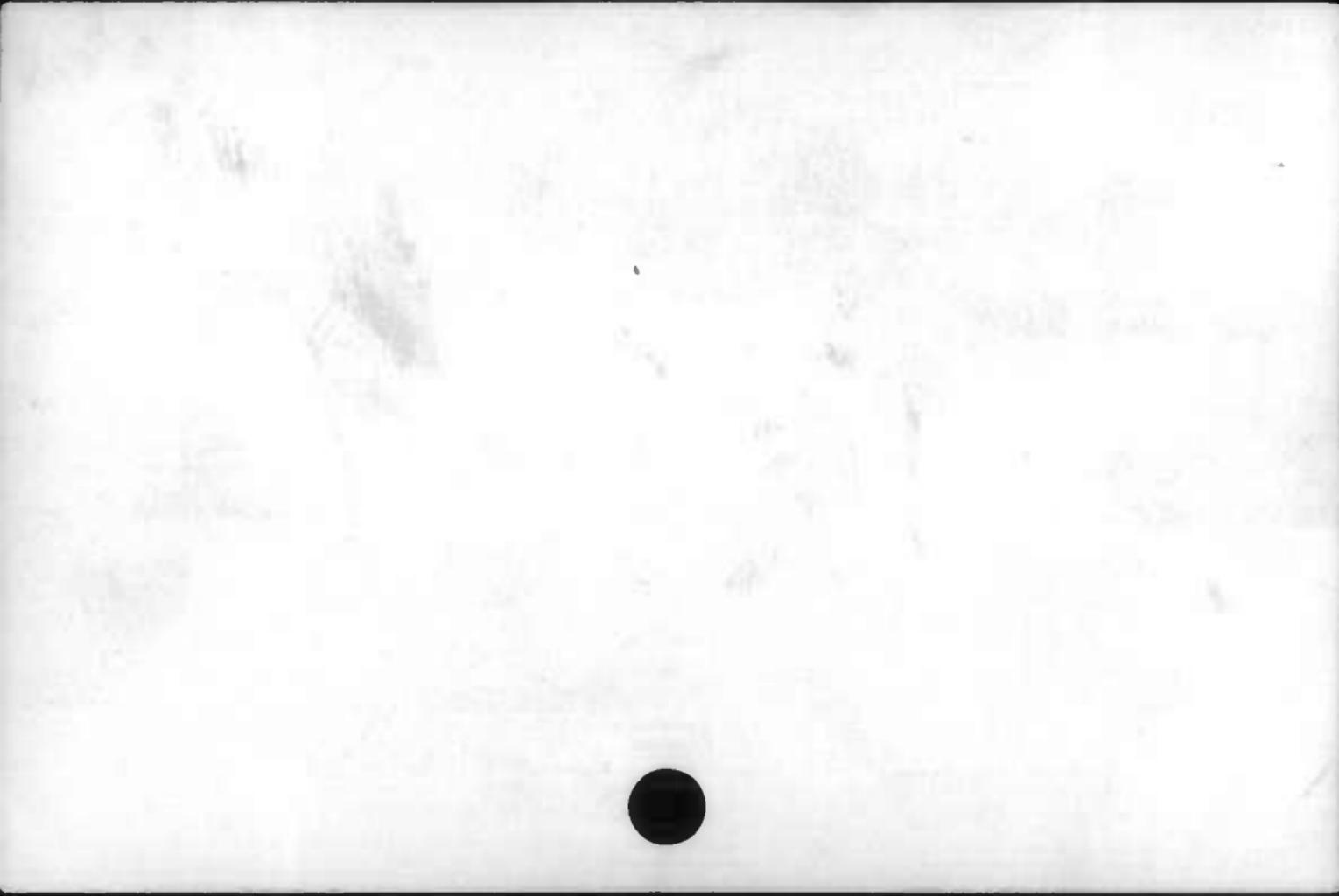
Address

H. Morton Boden

Accident or Suicide

No.

Age 43  
Sex Md



Name  
in  
Full

Ned Chun Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Pisgah Charles County

Town near Pisgah Month Feb. Day 15

Years 24 Montha   Days  

Date of death 1910

Age 24

Sex Male

Color or  
Race

collard

Birth-  
place

Chas co Md

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Fred Jackson

Father's  
Birthplace

Chas co Md

Mother's  
Maiden Name

Lizzie Chun

Mother's  
Birthplace

Chas co Md

Name of person giving  
Information

Josiah Jacksonson

How related  
to deceased

Step Father

CAUSES OF DEATH

189

How long

Primary

Unknown

Unknown

Immediate

Unknown

Unknown

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

None in attendance

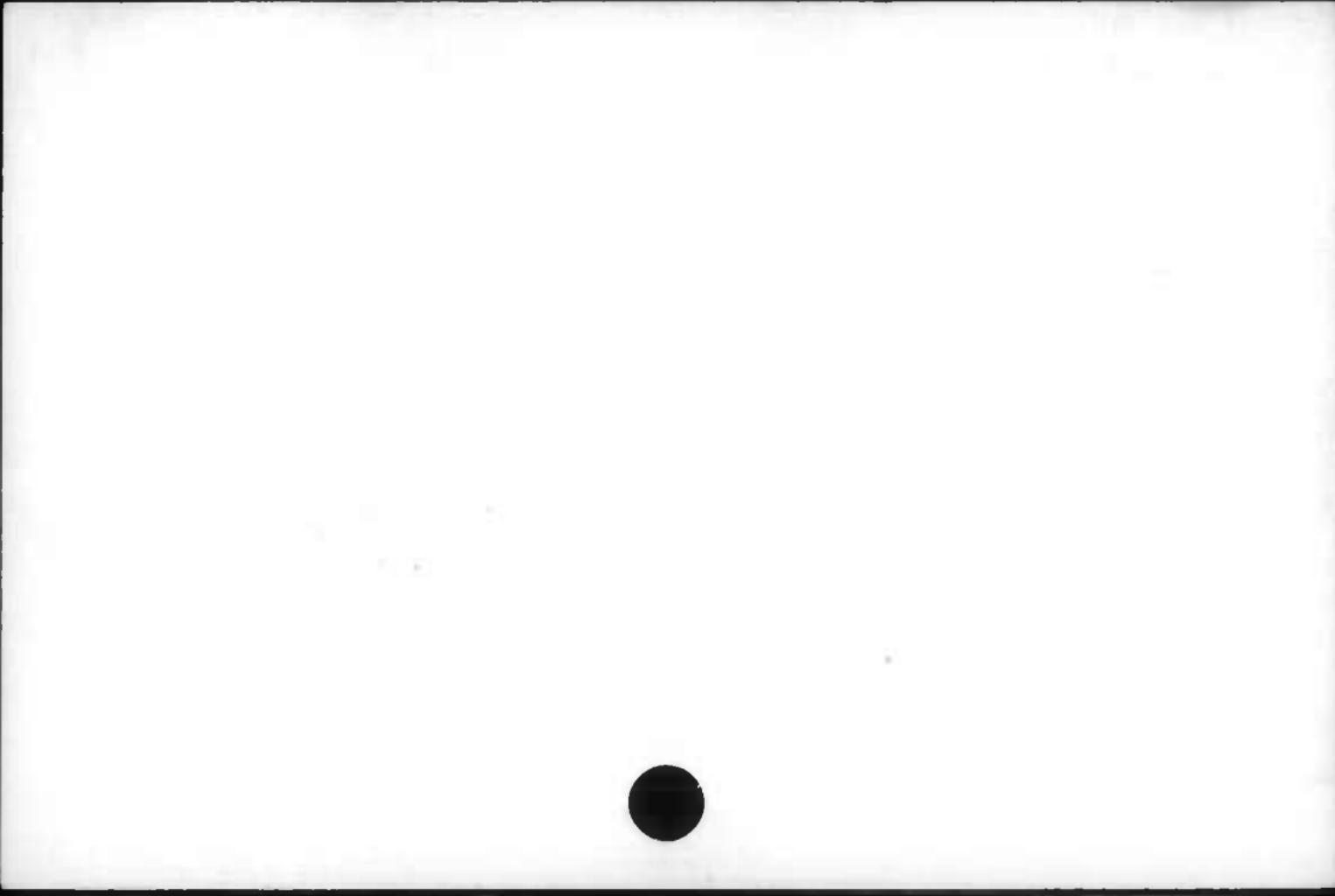
Chas & Carpenter

Pisgah Md

Accident or Suicide

Sub Reg- 2<sup>nd</sup> district

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Morgan Jameson

Town

Bryantown

County

Charles

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

1900 July

Month

Day

Year

13

Age 73

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Med.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

W. M. Jameson

Father's  
Birthplace

Med

Father's  
Name

William Queen

Mother's  
Birthplace

Med

Mother's  
Maiden Name

Marieita Roosman

How related  
to deceased

Spouse

Name of person giving  
Information

W. M. Jameson

25

V

How long

20 years

How long

4 weeks

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

Tubercular Enteritis

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

L. C. Lanes M.D.

Address

Bryantown

Med.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Marie S. Langley

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Bryantown

Charles

Date  
of death

1900

Month

Feb

Day

2

Years

—

Months

4

Days

18

Age

—

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

None

Where Residing if not  
at place of death

Plan Gould

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Birthplace

Md

Father's  
Name

Nicholas Langley

Mother's  
Maiden Name

Savilla Murphy

Mother's  
Birthplace

Name of person giving  
Information

Nicholas Langley

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

189

How long

v

2 mo.

Immediate

Exhaustion

How long

2 da.

Are the name, age, sex, color, date  
and place correctly given above?

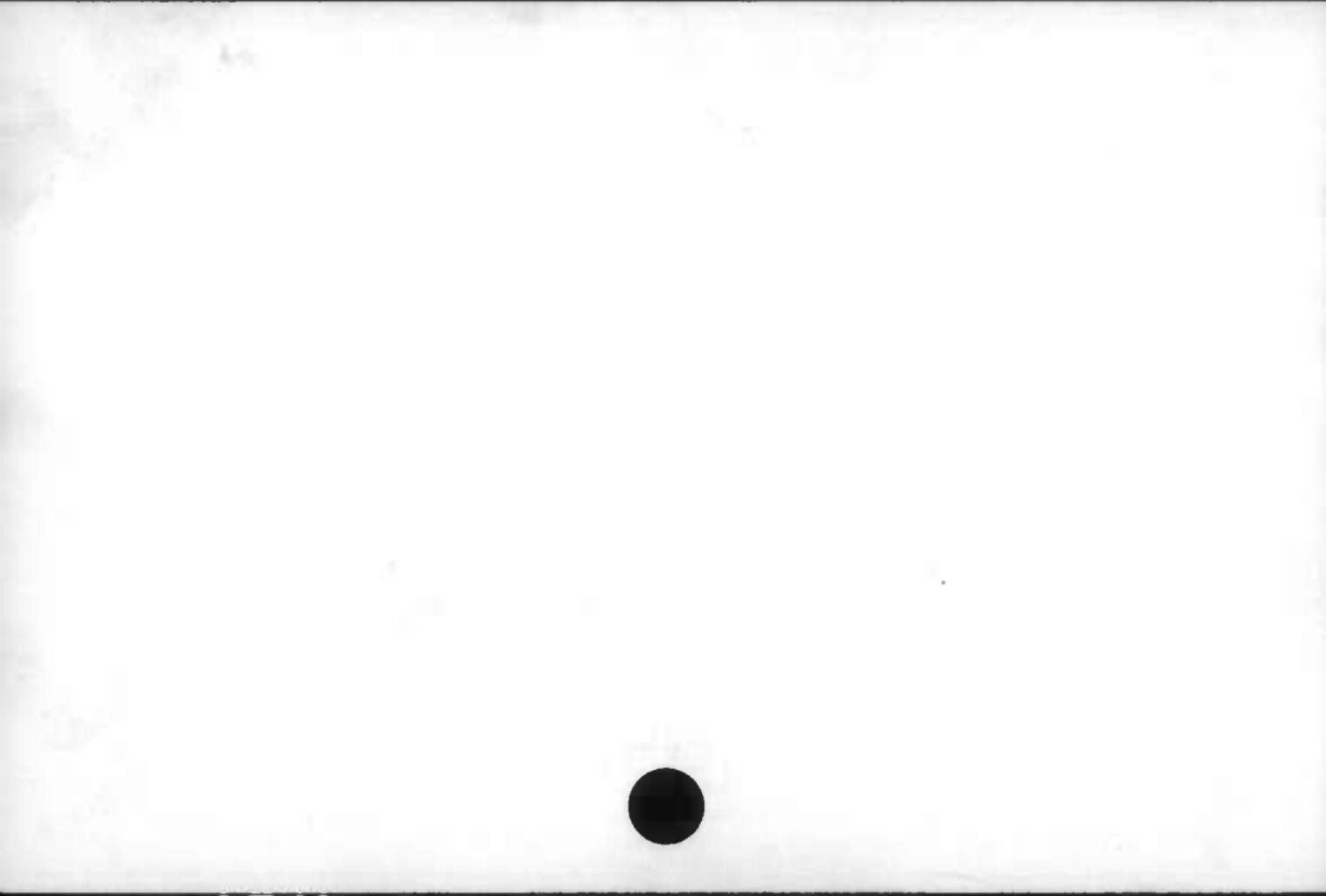
Signature of  
Physician

H. L. Chapman

Address

Hagerstown Md

Accident or Suicide



Name  
in  
Full

Mary Jane McKee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

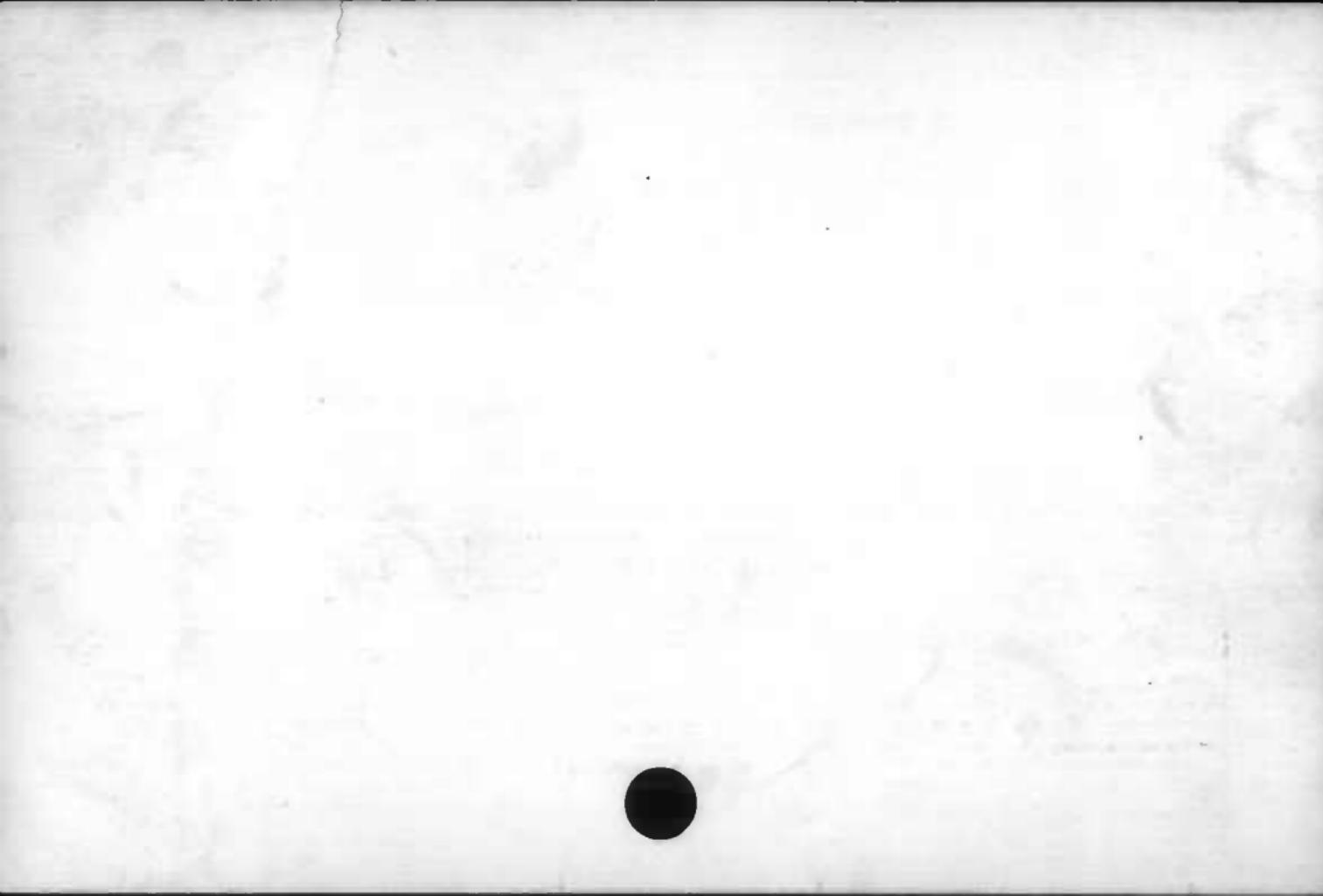
PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Year	Months	Days	
Sex	Color or Race		Age	73	6	
Occupation	Colored		Birth- place	Md.		
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death	Richard Adams.		
Father's Name	James McKee.		Father's Birthplace	Md.		
Mother's Maiden Name	Lucy Thompson		Mother's Birthplace	Md.		
Name of person giving Information	John D. Thomas		How related to deceased	Son in law		
CAUSES OF DEATH						
Primary	Tuberculosis		27	✓		
Immediate	Exhaustion		How long	One yr.		
Are the name, age, sex, color, date and place correctly given above?			How long	1 day		

Signature of  
Physician

Address

Accident or Suicide



Name  
in  
Full

Richard alfred mack

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Days

Died at Bryanton

Town

County

Charles

Date

of death 1900

Month

Feby

Day

9

Years

15

Months

11

Sex

male

Color or  
Race

colored

Birth-  
place

ned

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Wm Mack

Father's  
Birthplace

ned

Mother's  
Maiden Name

Hannah Thompson

Mother's  
Birthplace

ned

Name of person giving  
Information

Wm Mack

How related  
to deceased

Stathes

CAUSES OF DEATH

Primary

Typhoid Fever  
meningitis

①

How long

6 weeks

Immediate

Are the name, age, aex, color, data  
and pleca correctly given above?

Signature of  
Physician

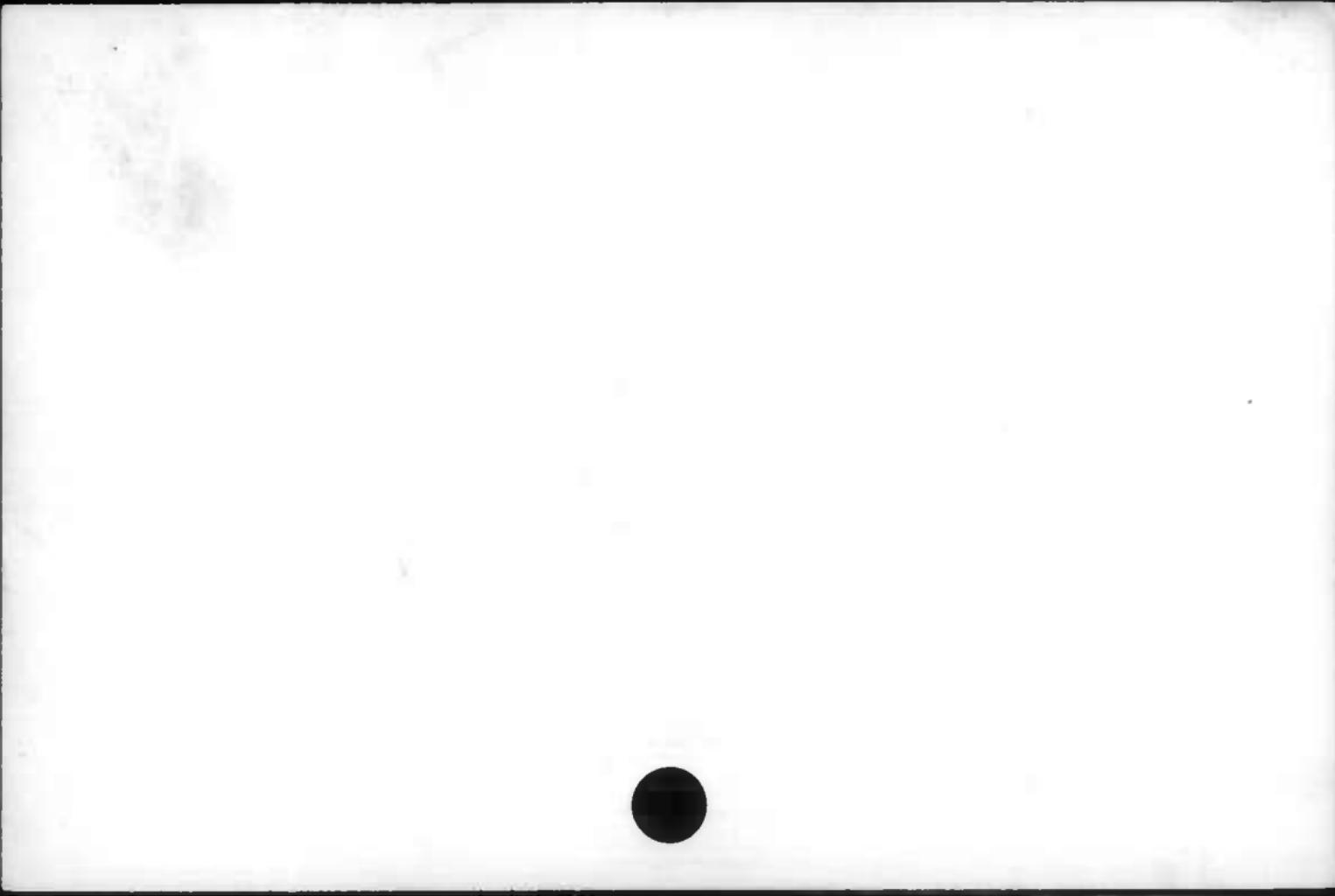
Address

J. C. Carrico M.D.

Bryanton,  
md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mary E Marbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at near Rizgah Twpn  
Charles County

MARYLAND

Date of death 1960 Month Dec Day 16

Months \_\_\_\_\_ Days \_\_\_\_\_

Sex Female Color or Race collord  
Occupation Housewife

Birth-place char. co md

Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband Noble

Marbury  
char. co md.

Father's Name Edward Middle

Father's Birthplace char. co md.

Mother's Maiden Name Lettie Thompson

Mother's Birthplace char. co md

Name of person giving Information Thomas J Barber

How related to deceased None

CAUSES OF DEATH

Primary Carcinoma Uteri

42

Immediate

5 yrs.

Are the name, age, sex, color, date and place correctly given above?

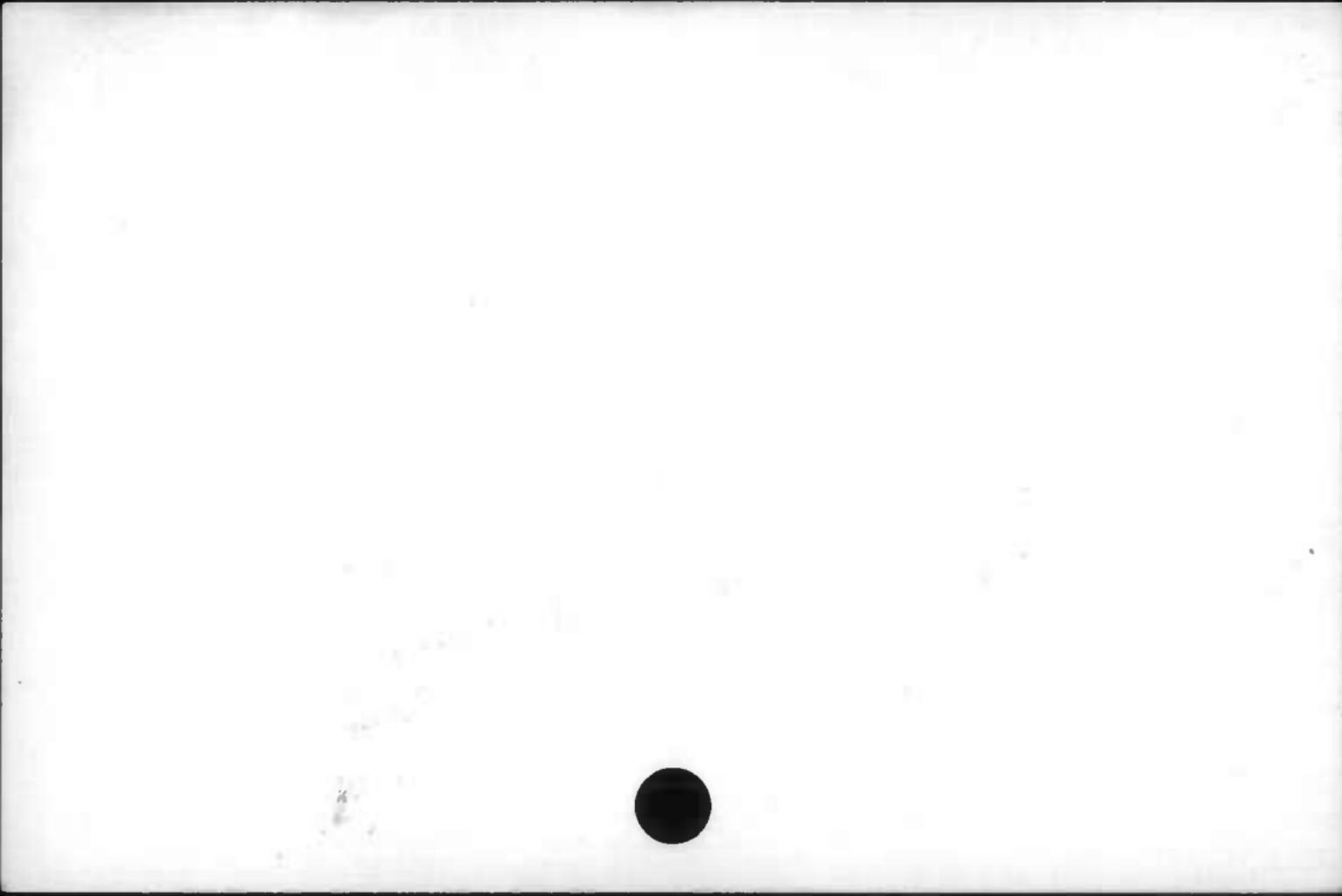
Yes

Signature of  
Physician

Address

Geo. C. Bishnell  
Rizgah,  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Alfonia Matthews

Town  
Bel Alton Charles

County

CERTIFICATE OF DEATH

Died at

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

19010 Feb. 28

Age 30

Sex

Color or  
Race

Female Colored

Birth-  
place

Md.

Occupation

House wome

Where Residing if not  
at place of death

Bel Alton

Married, Single  
or Widowed

Name of Wife or  
Husband

Married Robert Matthews

Father's  
Name

John Boardman

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Rosie Lee. Signor

Mother's  
Birthplace

Md

Name of person giving  
Information

Wm. Pobey

How related  
to deceased

None

CAUSES OF DEATH

Primary

Double Lobar Pneumonia 8 days

Immediate

Heart failure of 1/2 hrs. One hour

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

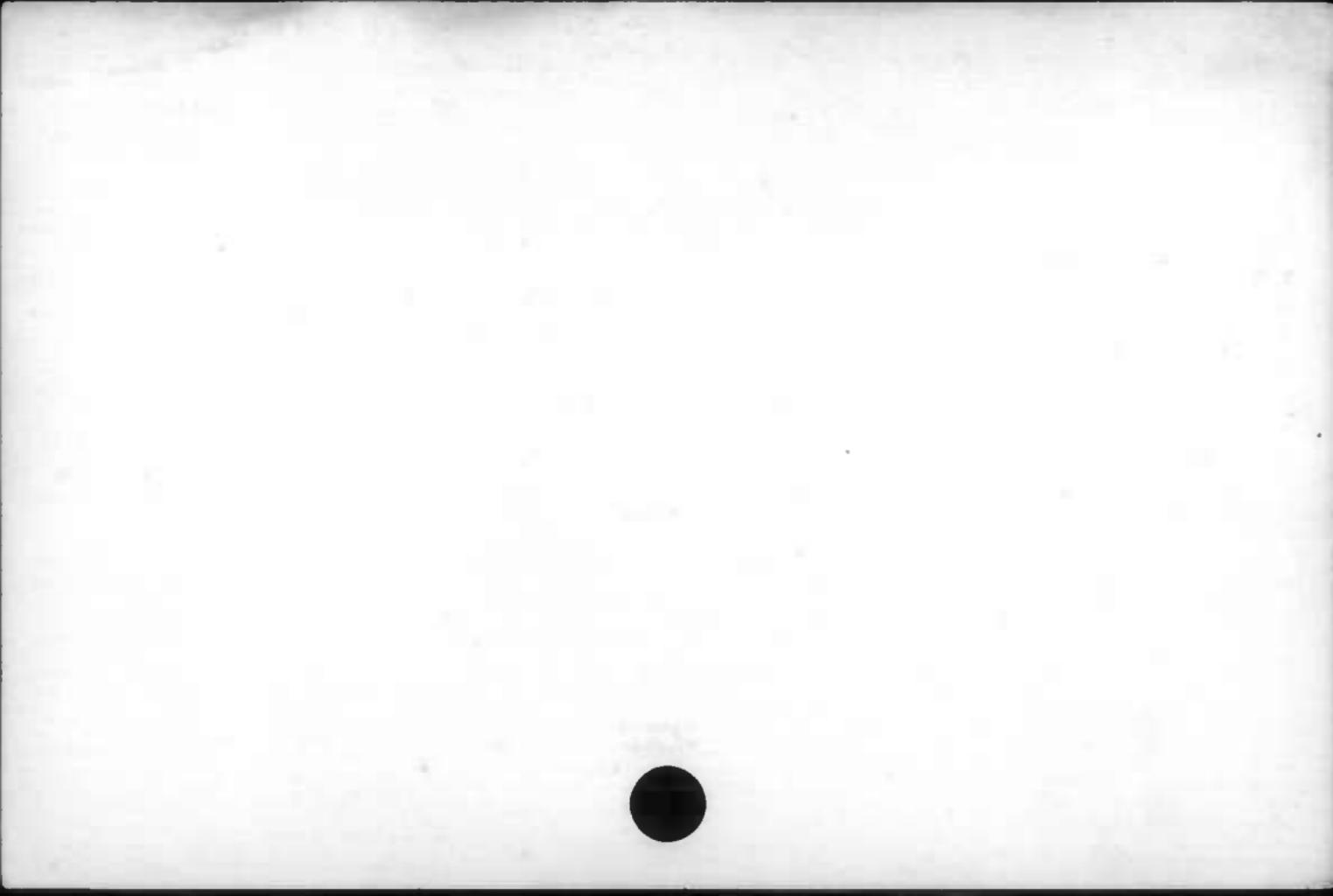
R. Johnson M.D.  
Keeoops  
Md.

Accident or Suicide

93

How long

How long



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles A. Murphy

CERTIFICATE OF DEATH

Died <u>near Spring Hill</u>		Town	County <u>Charles</u>		MARYLAND		
Date of death <u>1900</u>	Month <u>Feb</u>	Day <u>21</u>	Age <u>44</u>	Years	Months <u>8</u>	Days <u>3</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Charles Co</u>			
Occupation <u>farmer</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Nora L. Murphy</u>						
Father's Name <u>Patrick T. Murphy</u>	Father's Birthplace <u>Fredrick Co</u>						
Mother's Maiden Name <u>Mary E. Dixon</u>	Mother's Birthplace <u>Prince George Co</u>						
Name of person giving information <u>James P Murphy</u>	How related to deceased <u>brother</u>						

CAUSES OF DEATH

64  
How long

✓

10 days

How long

general beginning of  
attack

Thos. S. Owen M.D.

Za Plaza

md

Signature of Physician

Address

Primary

Cerebral hemorrhage

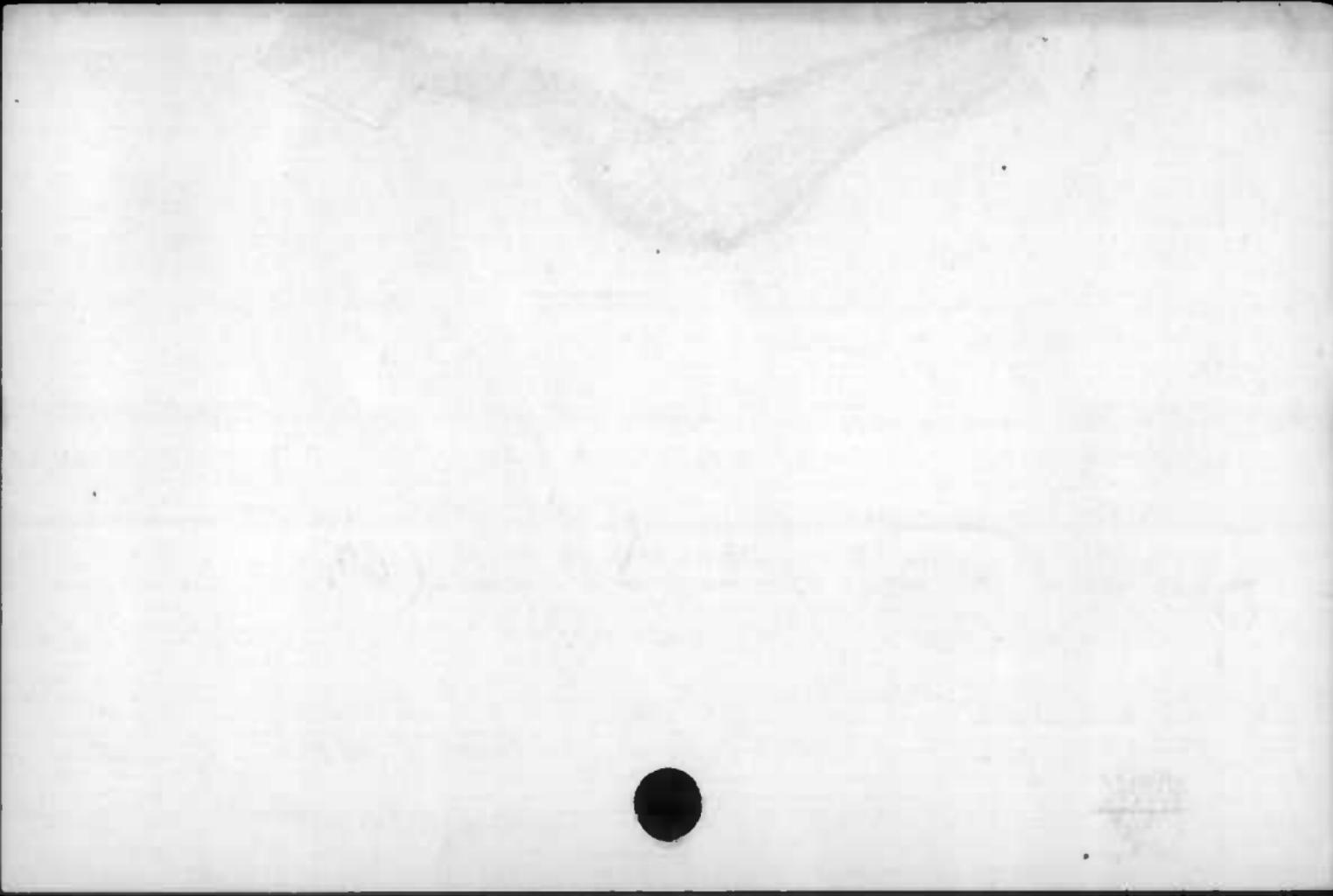
Immediate Cerebral respiratory paralysis - coma

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?

no



Name  
in  
Full

Lavinia Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Eager Hill

Town

Date of death 1910 Month 2

Day

Years

Months

Days

County

Charles

Sex Female

Color or  
Race

Age

84

Birth-  
place

Occupation

White

Kentucky

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

R. C. Murphy

Father's  
Name

Lionard Lynn

Father's  
Birthplace

Kentucky

Mother's  
Maiden Name

Lavinia Jackson

Mother's  
Birthplace

Penns.

Name of person giving  
Information

Wm. P. Jamison

How related  
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Heart trouble

79

How long

a few moments

How long

Immediate

•

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

L. L. Higdon,  
Wayside  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Charles B. Posey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died near Doncaster

Town

County

Date of death 1960 Month Feb Day 26

Day

Years

Months

Days

Age 60

Sex

Male

Color or  
Race

Black (mulatto)

Birth-  
place

MD

Occupation

Carpenter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife  
Husband

Hennie Carter

Father's  
Name

Joseph Posey

Father's  
Birthplace

MD

Mother's  
Maiden Name

Nelie Weston

Mother's  
Birthplace

MD

Name of person giving  
Information

Thomas Barber

How related  
to deceased

not related

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Typhoid Pneumonia

How long

1  
5 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

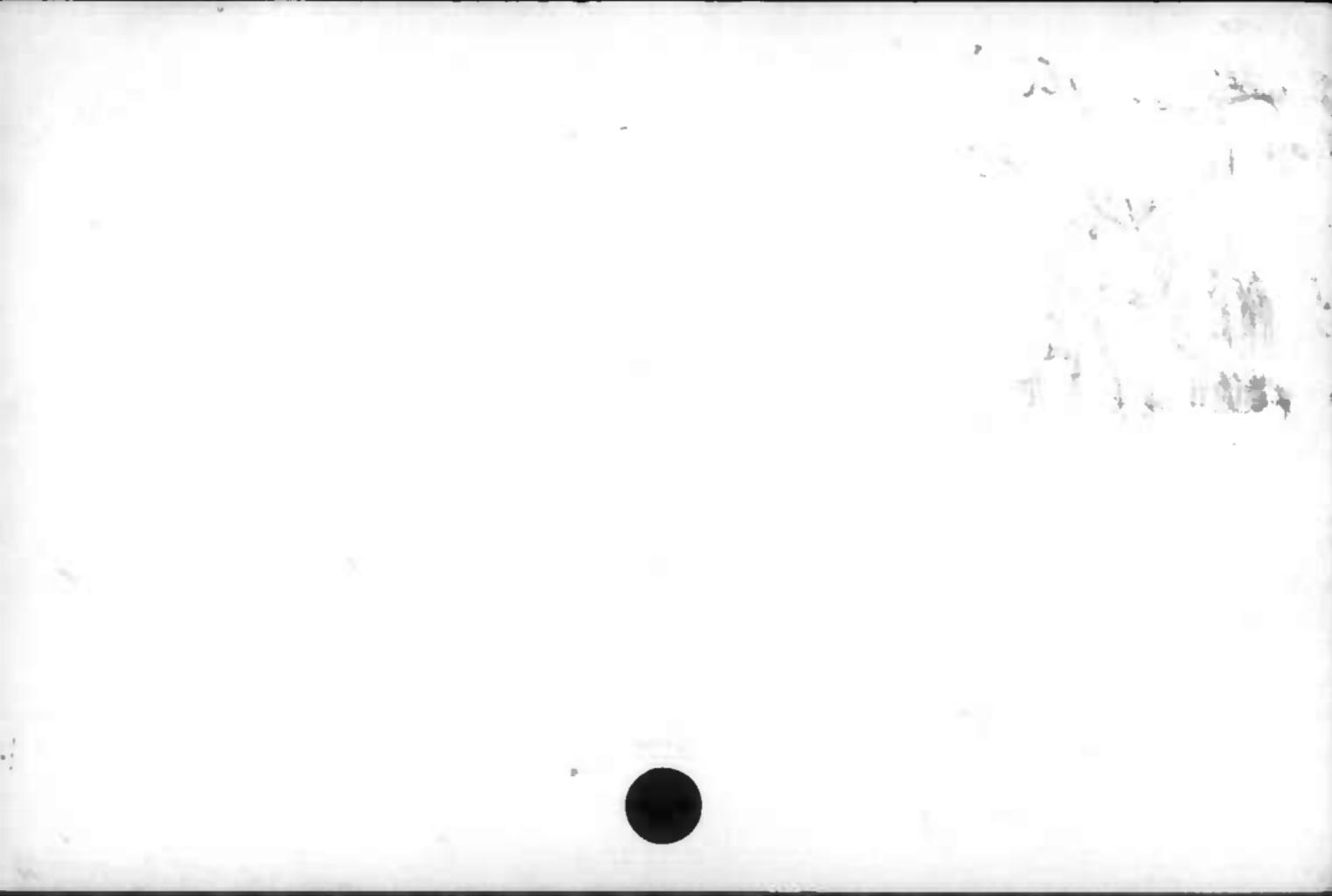
yes

Signature of  
Physician

Address

Sam. H. Speake  
Grayton  
MD

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Ann L. Roby

County

Died at White Plains 16 hours

MARYLAND

Date of death 1960 Month Day Age Years Months Days

1960 Feb 16 67 - -

Sex Female Color or Race White

Birth-place Dads

Occupation

Housewife

Where Residing if not  
at place of death

at home

Married, Single or Widowed

Name of Wife or Husband

J. H. Roby

Father's Name

Frank Murray

Father's Birthplace

Dad

Mother's Maiden Name

Mary Murray

Mother's Birthplace

Dad

Name of person giving Information

Saffron Roby

How related to deceased

Son

CAUSES OF DEATH

Primary

Bright's disease of kidneys

120

How long

Two years

Immediate

Short duration

120

How long

Short

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. J. Murray  
Maid of Honor  
Mrs.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Elmer Robey  
Dornbusch - Sharpe

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death

1900

Month

Day

Years

Months

Days

Age

20

10

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Apt. 200 -

Married, Single  
or Widowed

Name of Wife or  
Husband

—

Father's  
Name

Single

Father's  
Birthplace

Surf

Mother's  
Maiden Name

Mother Robey

Mother's  
Birthplace

Surf

Name of person giving  
Information

Mother E. Brown -

How related  
to deceased

Brother

Miner Robey

CAUSES OF DEATH

Primary

Gastric Ulcer of Stomach

10

How long

2 yrs

Immediate

La Grippe and Heart Disease

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

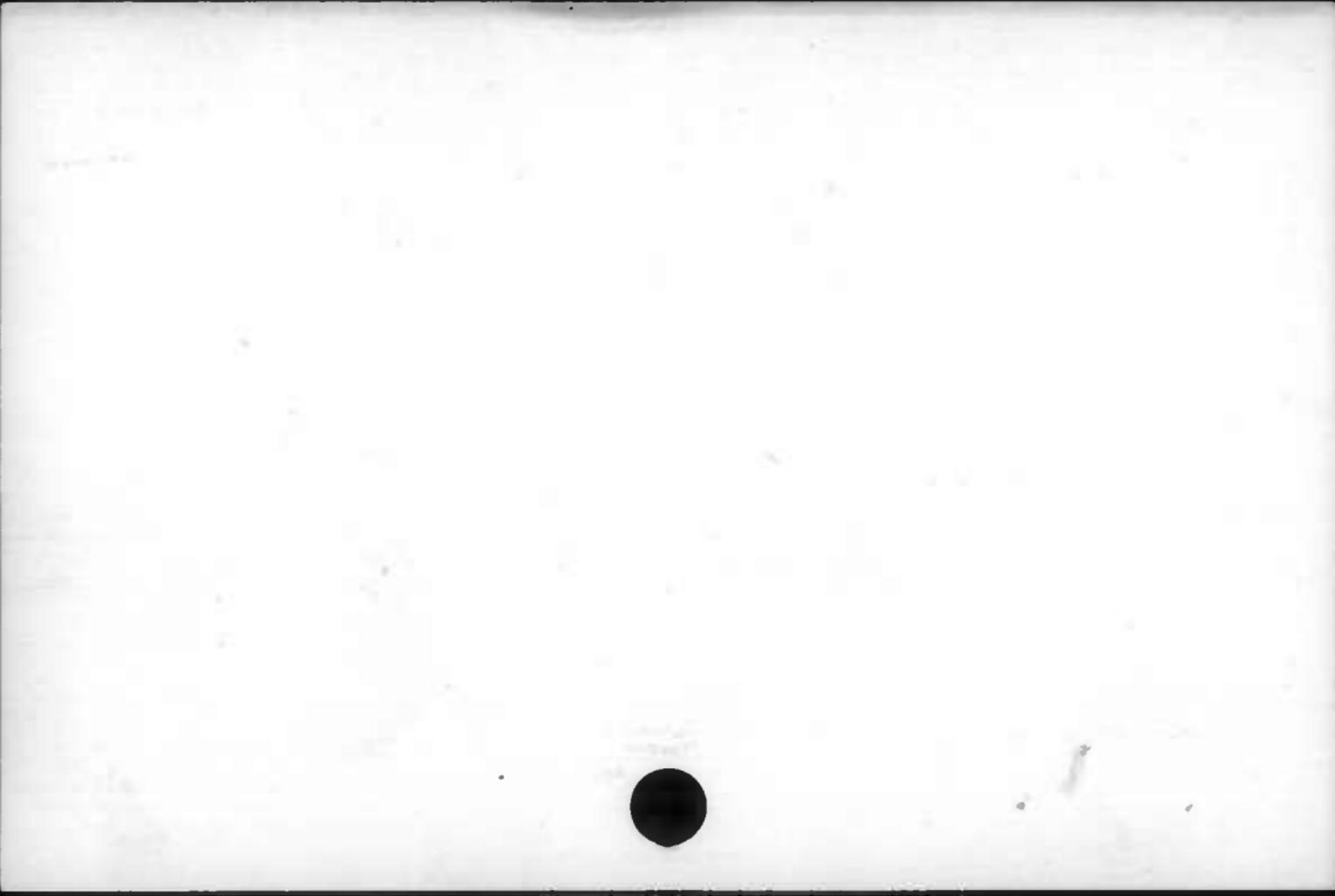
Address

G.O. Morrison

Wadsworth

Surf

Accident or Suicide



Name  
in  
Full

James Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Faulkner

County

Charles

MARYLAND

Date  
of death

Month

Day

1960

2

4

Years

2

Montha

Daya

Sex

Male

Color or  
Raca

African

Birth-  
place

Charles

Occupation

-

Whare Reading if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James E. Smallwood

Father's  
Birthplace

Mother's  
Maiden Name

Barbarine Marshall

Mother's  
Birthplace

Name of person giving  
Information

Joe Midleton

How related  
to deceased

None

Primary

Sick all its life

189

How long

Immediate

Don't know

How long

Are tha name, aga, sex, color, date  
and place correctly given above ?

Signature of  
Physotter

Address

yes

Charles W. Boly  
Belalton, Md.  
Sub Register

PHYSICIAN  
OR CORONER

Accident or Suicida



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Speakes  
Hughesville Charles

Died et

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date  
of death

Month

Day

Years

Monthe

Deys

1960

2

12

Age

Sex  
Occupation

Color or  
Race

Black

Birth-  
place

Md

None

Where Residing if not  
at place of death

Near Hughesville

Married, Single  
or Widowed

Name of Wife or  
Husband

None

Father's  
Name

George Speakes

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary Butter

Mother's  
Birthplace

Md

Name of person giving  
Information

George Speakes

How related  
to deceased

Father

CAUSES OF DEATH

Primary

64

How long

Heart failure  
4 hours

Immediate

apoplexy

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

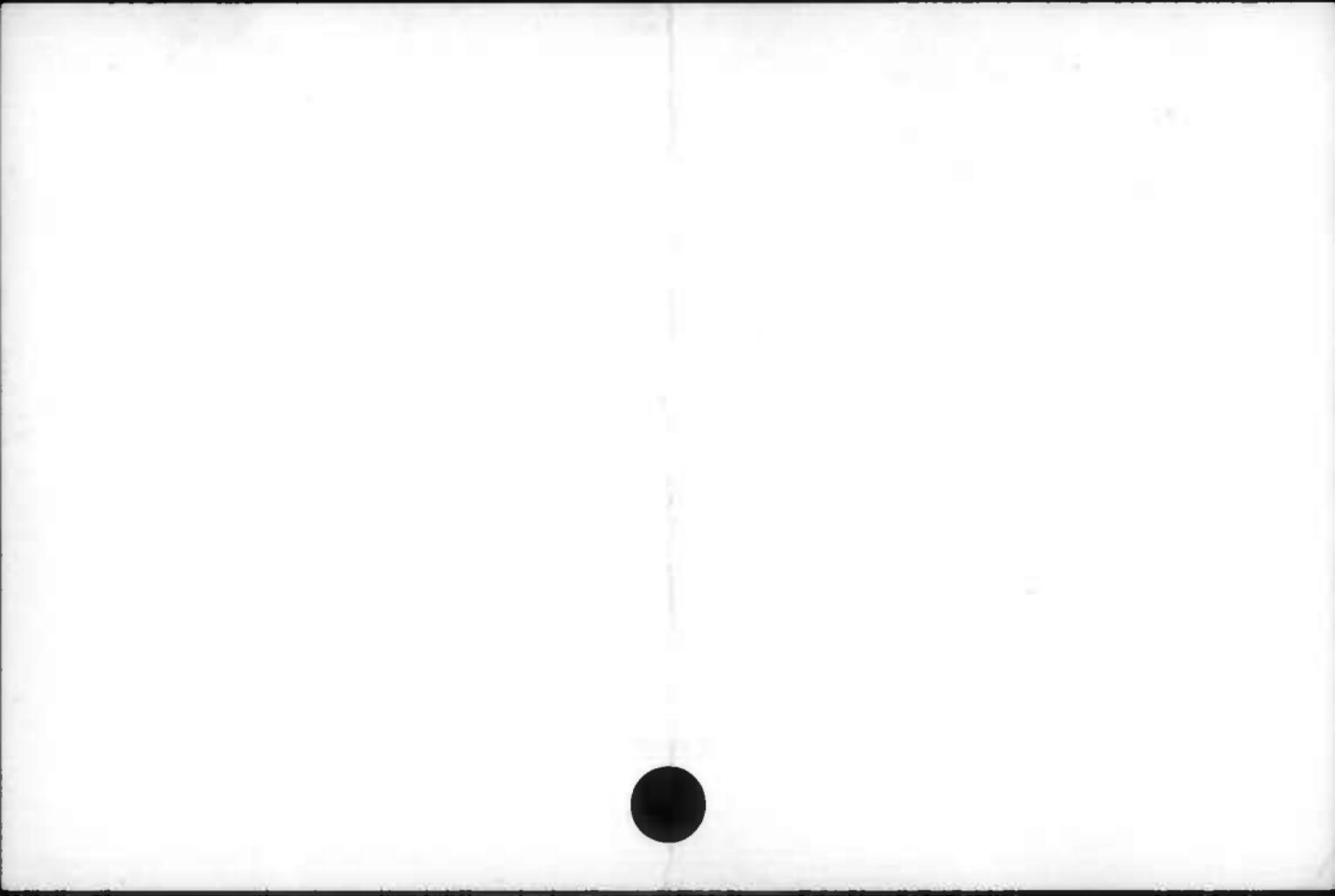
Signature of  
Physician

Address

Smith Chappel  
Hughesville Md

Register

Accident or Suicide

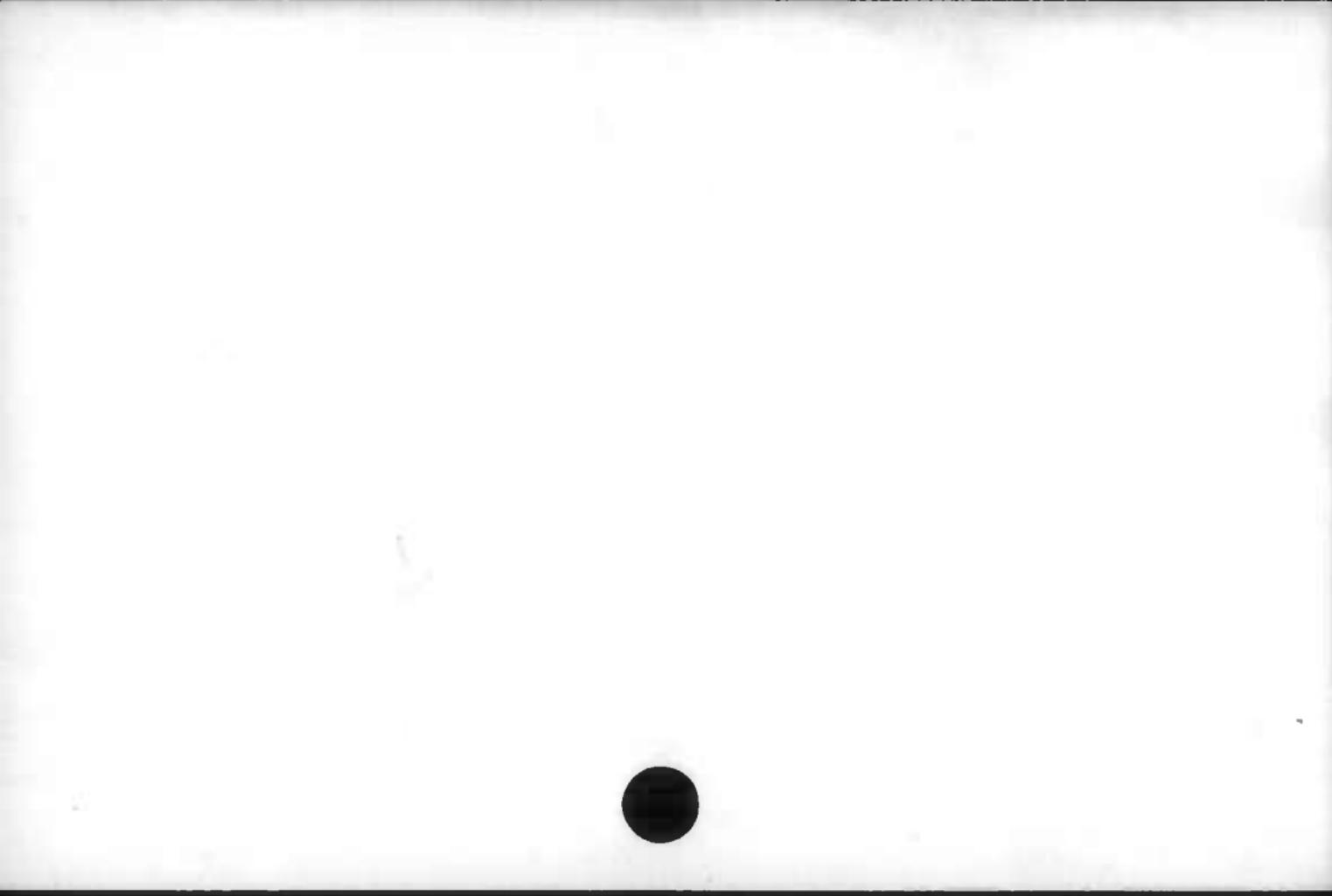


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Washington				CERTIFICATE OF DEATH			
Town		County		MARYLAND			
Died at	Pisgah	Charles	Charles	Montha	Deys		
Date of death	1940	Month	9	Age	55		
Sex	Male	Color or Race	Colored	Birth-place	Charles Co. Md.		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Dorsey				
Father's Name	Unknown			Father's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving Information	Raymond Swann			How related to deceased	Son-in-Law		
CAUSES OF DEATH							
Primary	Nephritis - Mitral Regurgitation						
Immediate	Type						
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. C. Bicknell,				
		Address	Pisgah, Md.				
Accident or Suicide							



Name  
in  
Full

Lozine Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Baltimore

County

Charles

MARYLAND

Date  
of death

1960

Month

Feby

Day

24

Years

37

Months

—

Days

—

Sex

Female

Color or  
Race

Black

Birth-  
place

Mel

Occupation

House

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Anthony Washington

Father's  
Birthplace

Mel

Mother's  
Maiden Name

Mary Washington

Mother's  
Birthplace

Mel

Name of person giving  
Information

Luz Washington

How related  
deceased

Brother

CAUSES OF DEATH

Primary

Inhalation

27

✓

How long

6 months

Immediate

Exsanguination

How long

Short

Are the name, age, sex, color, date  
and place correctly given above?

Yes

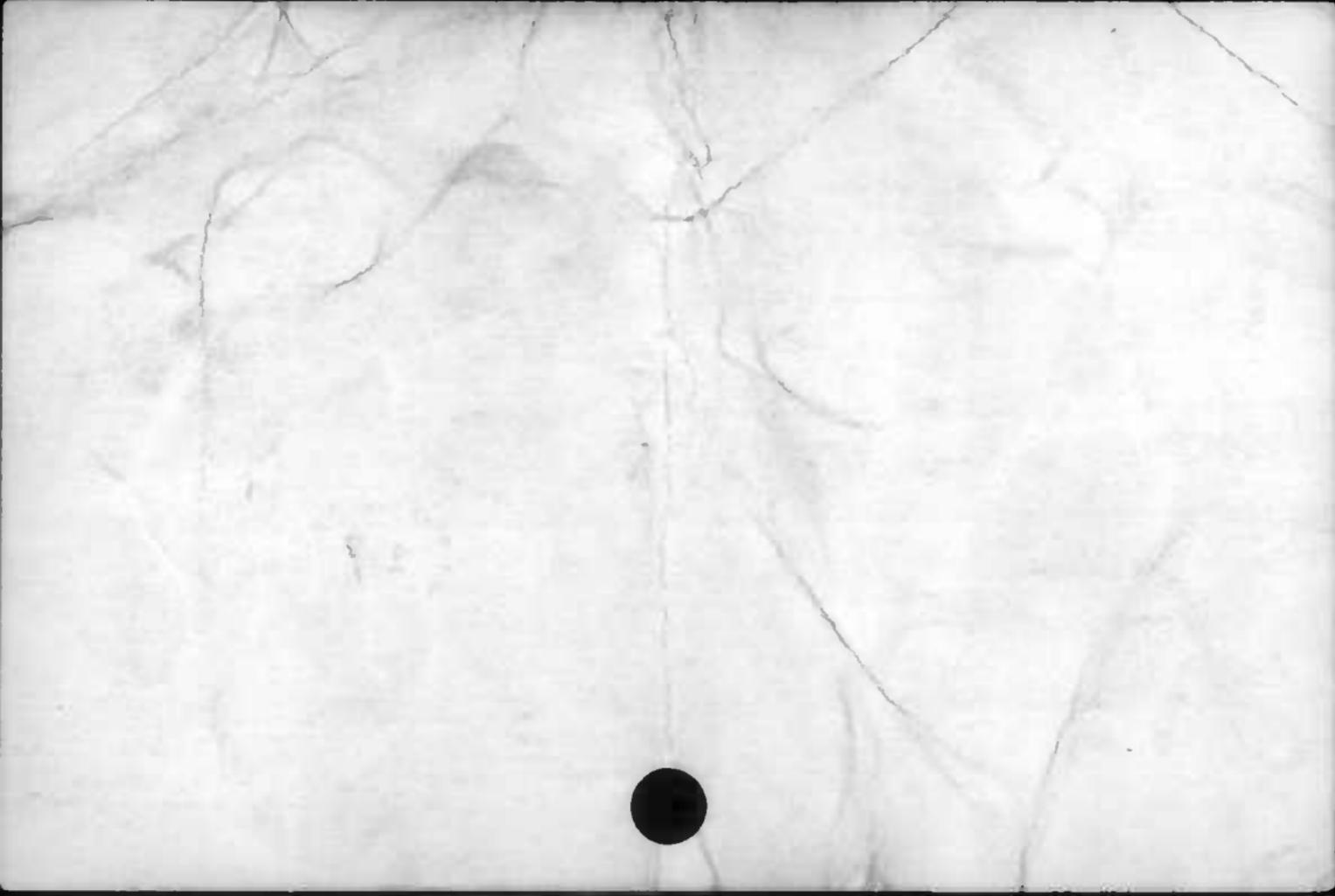
Signature of  
Physician

Address

G.O. Morris  
Mildred  
& Mel

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Alfred Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at  
cross roads

Town

County

Charles

MARYLAND

Month

Day

Years

Months

Days

Date  
of death 1900 Feb

28

Age

4

Sex

Male

Color or  
Race

Black

Birth-  
place

911d

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Freeman Waters

Father's  
Birthplace

911d

Mother's  
Maiden Name

Jane Wheeler

Mother's  
Birthplace

911d

Name of person giving  
Information

Freeman Waters

How related  
to deceased

911d

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

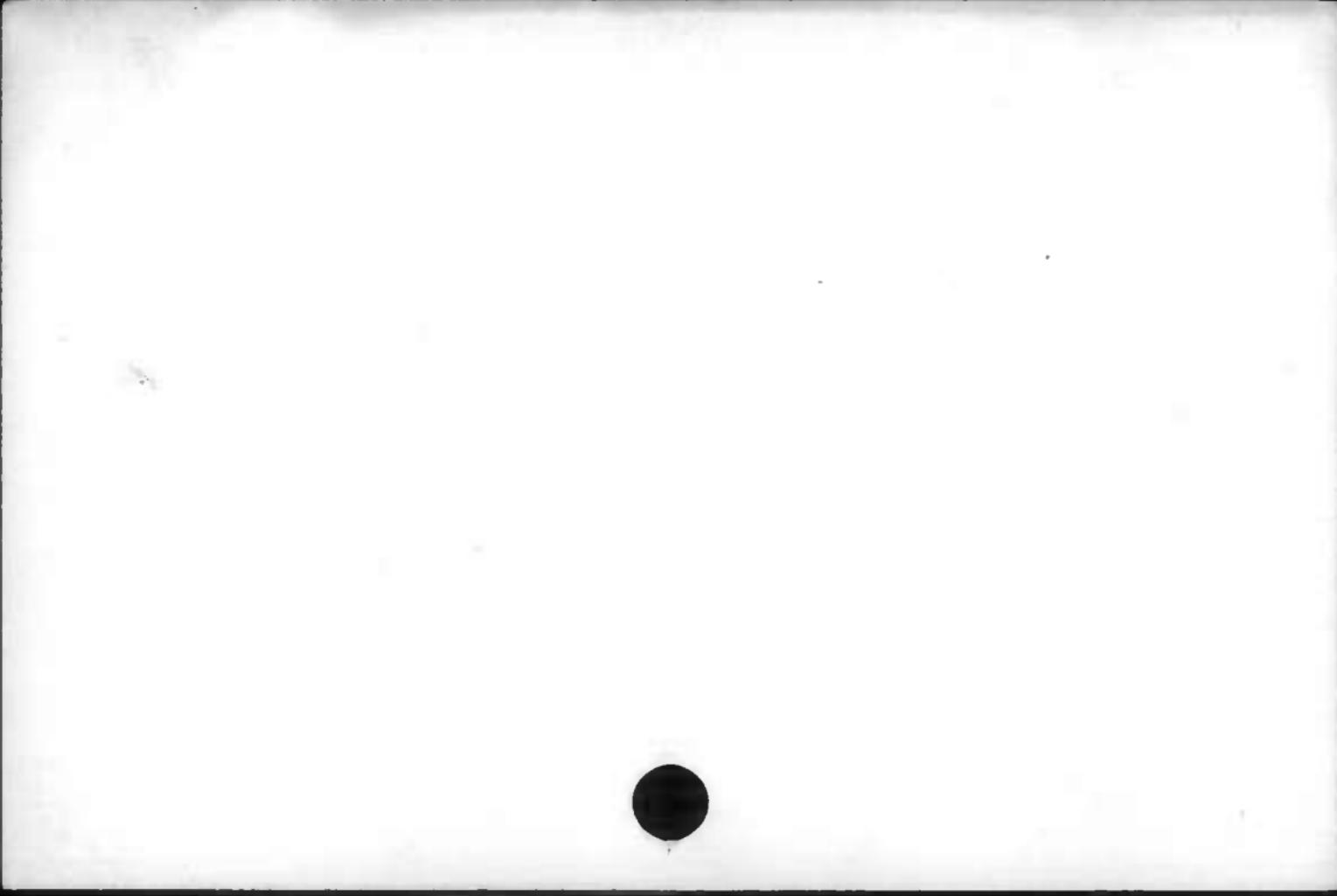
Signature of  
Physician

Address

James W. Wheeler  
Sub-Registrar

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Thomas Albert Wathen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1901	Feb.	27	39	3	15
Sex	Color or Race	Male	White	Birth-place	Chas. Co.
Occupation	Where Residing if not at place of death				
Farmer	Newport				
Married, Single or Widowed	Name of Wife or Husband	Married	Mary F. Wathen	Father's Birthplace	Md.
Father's Name	Joseph A. Wathen				
Mother's Maiden Name	Margaret Thompson				
Name of person giving information	Walter Thompson				

CAUSES OF DEATH

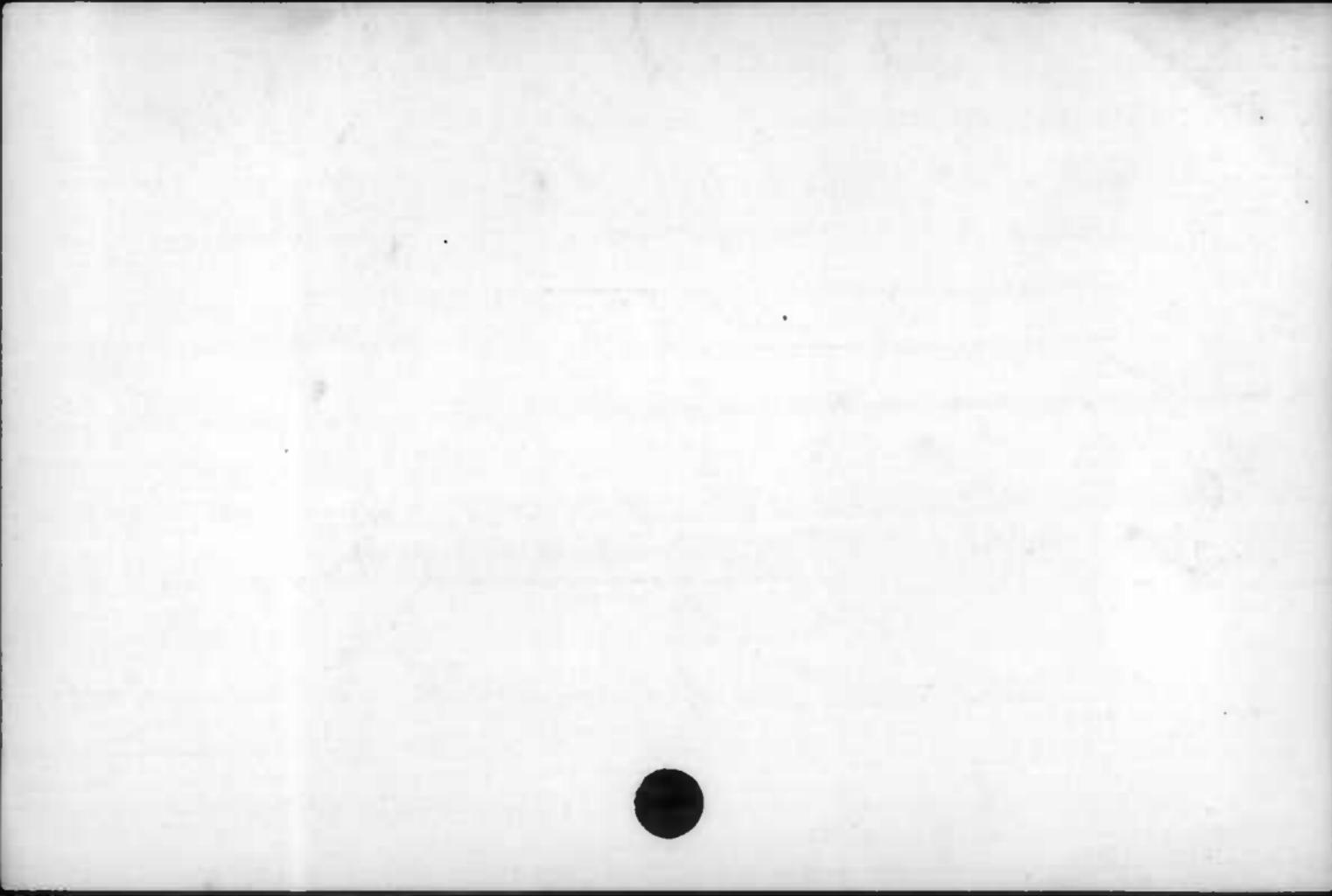
93

How long

PHYSICIAN  
OR CORONER

Primary Double Sided Pneumonia 21 days  
Immediate Respiratory Failure One hour  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician J.E. Jamison M.D.  
Address Newport, Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph Lemuel Watson		County		MARYLAND	
Died at	Malcolm	Charles			
Date of death	1900	Month	Day	Years	Months
	Feb	9		86	1
Sex	Male	Color or Race	White	Birthplace	Md
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Ellen Drakins	Father's Birthplace	Md
Father's Name	Benjamin Watson				
Mother's Maiden Name	Miss Bevan			Mother's Birthplace	
Name of person giving Information	Wallace C. Watson			How related to deceased	Son

CAUSES OF DEATH

154

How long

3 yrs.

How long

Primary

Smulky

Immediata

Whalestone, heart failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

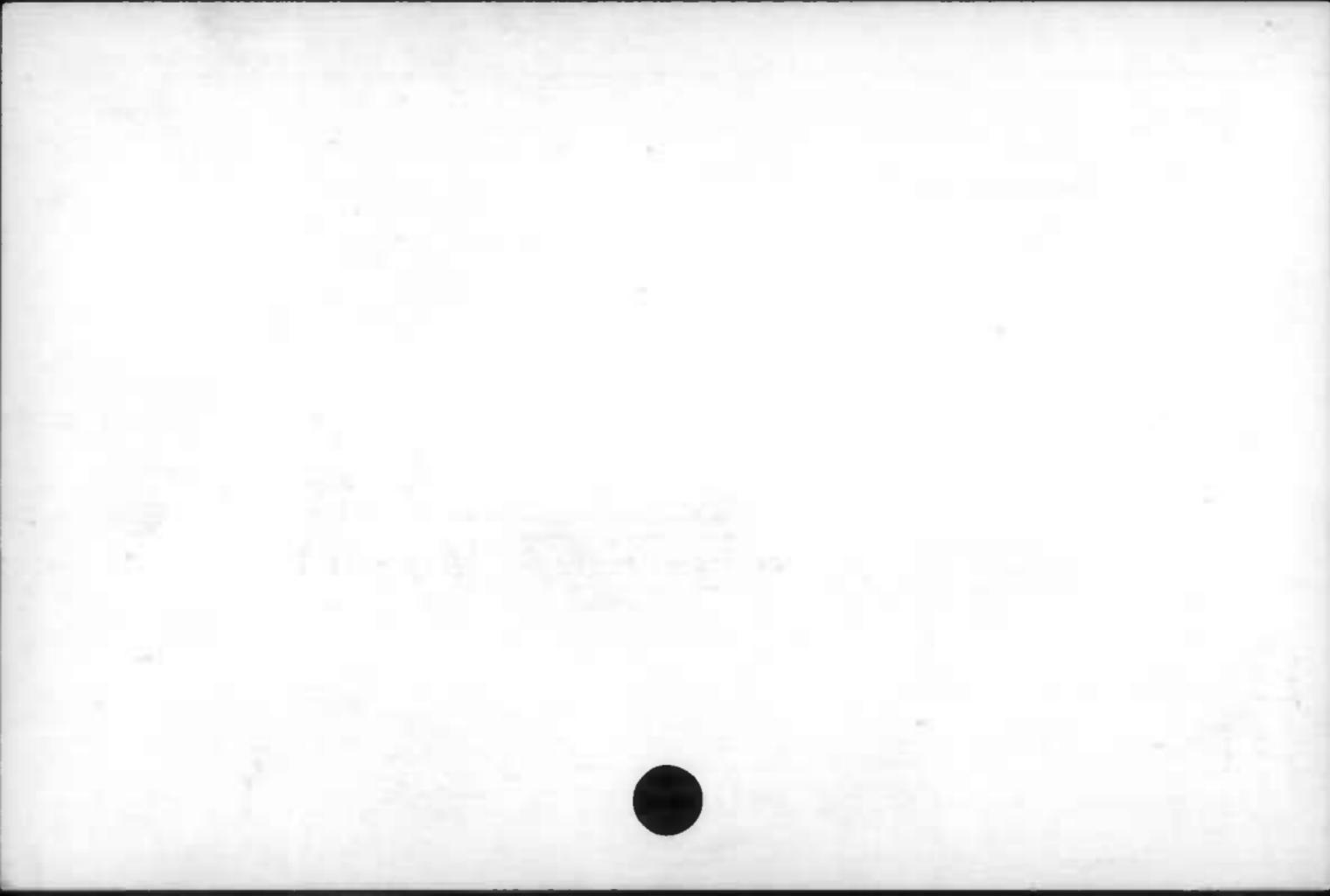
Signature of Physician

Address

W. Morton Brown  
Aguilarco Md

Accident or Suicide

No



Name  
in  
Full

Frank. Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Faulkner

Town

County

MARYLAND

Date  
of death

1960

Month

2

Day

3

Years

—

Months

1

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Charles

Occupation

—

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Rey. Welch

Father's  
Birthplace

Charles

Mother's  
Maiden Name

Ida. Higgs

Mother's  
Birthplace

Charles

Name of person giving  
Information

Addie. Morris

How related  
to deceased

Relative

CAUSES OF DEATH

Primary

189  
Hodgkin

Immediate

Don't know

How long

Are the name, age, sex, color, date  
and place correctly given above?

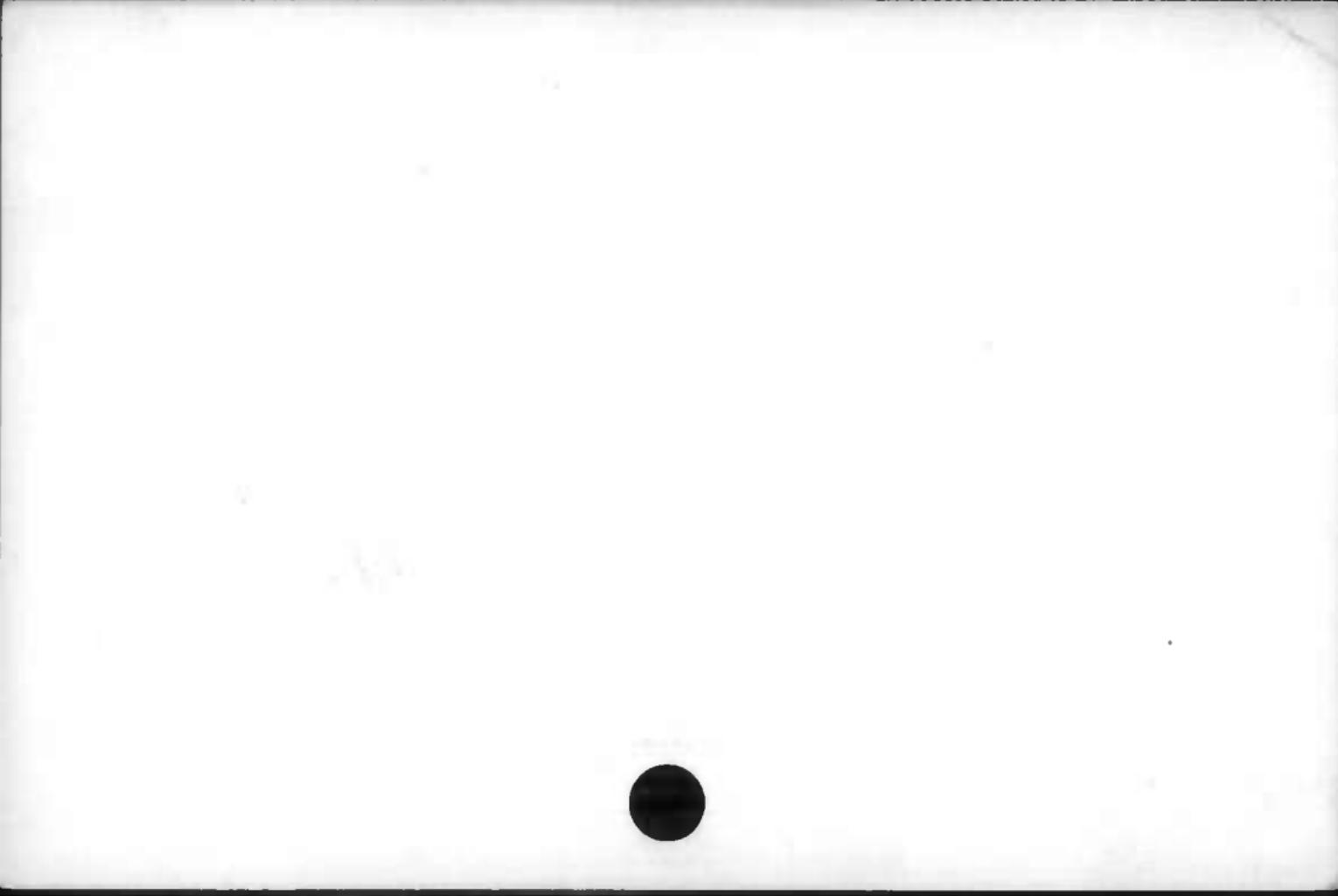
Signature of  
Physician

Address

Charles W. Roby  
Belalton, Md  
Sub Register

you

Accident or Suicide



**Name  
in  
Full**

John Walker  
Town

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

Died at		Town	County		MARYLAND	
Chesapeake Point		Charles				
Month		Day	Year		Months	Days
Feb		21	Age 34			
Date of death	190	Color or Race	African		Birthplace	Charles Co
Sex	Male	Where Residing if not at place of death				
Occupation	Laborer					
Married, Single or Widowed	Married	Name of Wife or Husband	Olivia White		Father's Birthplace	Charles Co
Father's Name	Frederick White					
Mother's Maiden Name	Wort Brown			Father's Birthplace	Charles Co	
Name of person giving Information	JB - Jacobs			Mother's Birthplace	Charles Co	
				How related to deceased	None	

#### CAUSES OF DEATH

## Primary

## Pennsylvanica

### Immediata

Street Furniture due to Post Office

Are the name, age, sex, color, date and place correctly given above?

ye.

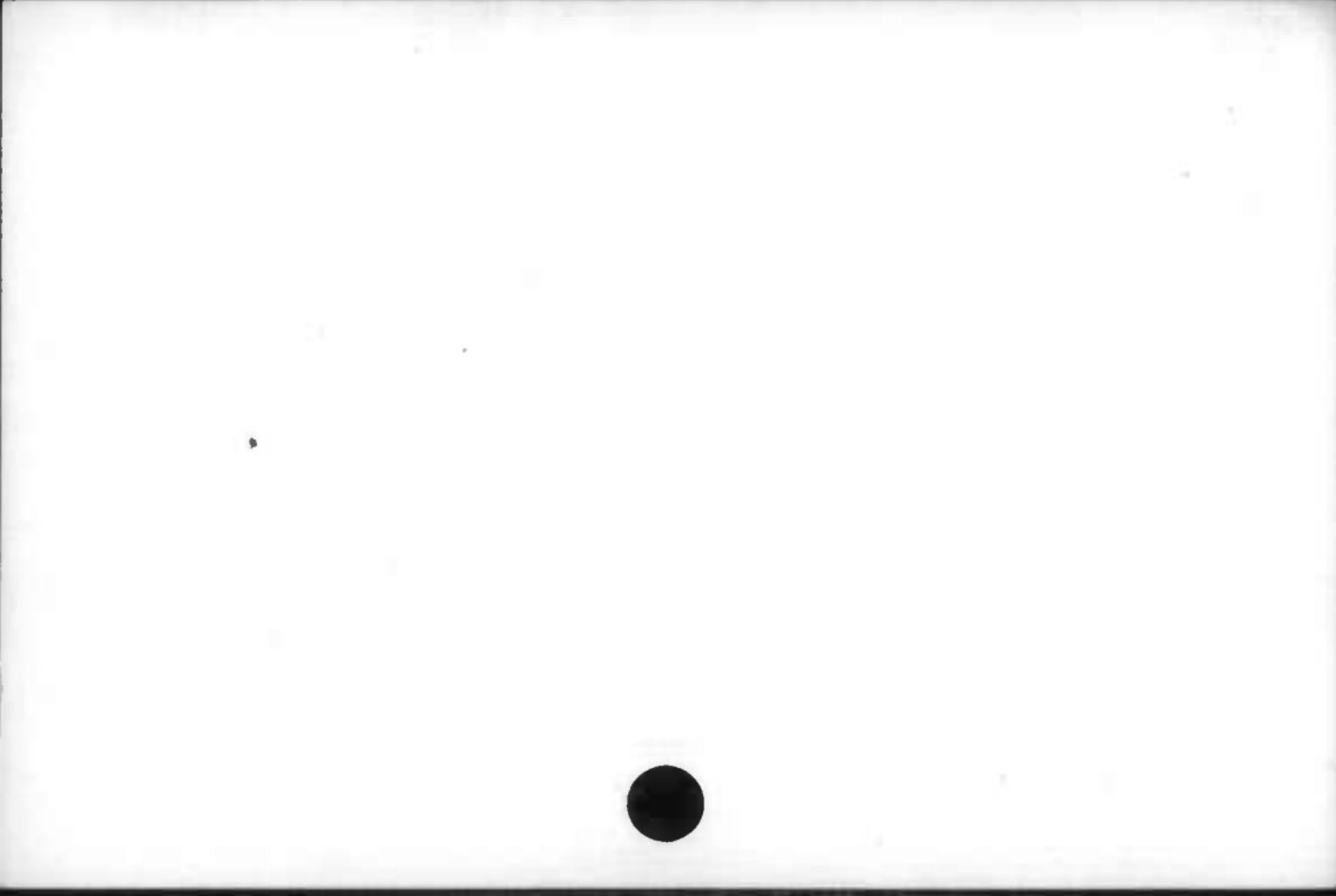
Signature of  
Physician

### Address

Eskenazi and  
Boel cenn  
nd.

### Accident or Suicide

OFFICE SUPPLY CO., 2284



Name  
in  
Full

no name Yates

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Faulkner

Town

County Charles

Date of death 1900 Month 2

Day 7

Years —

Months —

Days —

Sex Female

Color or Race

Black

Birth-place Charles Co.

Occupation —

Where Residing if not  
at place of death —

Married, Single  
or Widowed —

Name of Wife or  
Husband —

Father's  
Name

George Henry Yates

Father's  
Birthplace Charles Co.

Mother's  
Maiden Name

Nellie Leeton

Mother's  
Birthplace Charles Co.

Name of person giving  
Information

Mary Bond

How related  
to deceased

none

CAUSES OF DEATH

Primary

Still Born

8

How long

Immediate —

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Yes

Charles H. Roby  
Bel Air, Md.  
Sub Register

Accident or Suicide

PHYSICIAN  
OR CORONER

